



(A PROGRAM of LOUISIANA Medicaid)

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I. ABOUT THE LOUISIANA KIDMED PROGRAM

I. About the Louisiana KIDMED Program

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is a Medicaid program that was established by the Federal Government in 1967. The purpose of the program is to provide low-income children with comprehensive health care. Louisiana began EPSDT services in 1972. The screening component of EPSDT is called KIDMED and includes medical, vision, hearing, and dental screening services.

This manual is for KIDMED medical, vision, and hearing screening providers. It explains how to qualify and enroll as a KIDMED provider, what your responsibilities are, how to submit claims for screening services, and what to do if you have questions or problems. It also describes KIDMED's outreach, monitoring, and provider support services. There is a separate Dental Services Provider Manual which covers KIDMED dental screenings. The Dental Services Provider Manual may be requested by calling the Fiscal Intermediary for Louisiana Medicaid at 1-800-473-2783, or 924-5040 in Baton Rouge.

What services are offered

The KIDMED screening component of EPSDT provides for medical, vision, hearing, and dental screenings. There is a periodicity schedule for each type of screening that shows the ages at which children must be screened. It also shows the specific screening procedures and other components required at each age. This manual describes the content of and protocol for each medical, vision, and hearing screening. When abnormalities or other conditions are found during screening, Medicaid also covers medically necessary diagnosis and treatment services for the screened child. All medically necessary services (doctor visits, hospital services, home health, etc.) covered by Medicaid are unlimited for all children under 21 except for foster care children covered under category 15 (2nd two digits of Medicaid I.D. number).

Who benefits

Medicaid-eligible children and youth under age 21 are eligible for KIDMED services statewide. In 1992, there were over 468,000 children and youth in Louisiana certified for KIDMED services.

The parents or guardians of KIDMED-eligible children receive monthly eligibility cards from Medicaid showing the child's name and Medicaid identification number so that you can identify those children who are eligible for KIDMED screening services. Beneficiaries eligible for KIDMED and other EPSDT services are shown on the Medicaid card with an asterisk. Appendix 1 shows a sample Medicaid card with a KIDMED-eligible child on it. A newborn is continuously eligible until his or her first birthday if his or her mother was Medicaid-eligible at the time of the birth.

Why more providers are needed

In 1989, the Federal Government set five-year screening participation goals for each State. Each State must be screening at least 80% of its EPSDT eligible beneficiaries every year by 1995. This requires an 8% annual increase in Louisiana from the 1989 level of 33%. To meet these goals, Medicaid of Louisiana has expanded its outreach into the private sector and is actively seeking greater participation by both public and private providers. Louisiana KIDMED was successful in increasing the State's screening participation rate from 42% in FY91 to 54% in FY92.

Fees for screening

Provider reimbursement for KIDMED screenings is as follows:

Medical screenings	\$60.00
Objective vision screenings	\$4.00
Objective hearing screenings	\$4.00

You must bill for these screening services on the KIDMED Screening Claim Form (KM-3) and submit the claim to the Louisiana KIDMED program. Section X of this manual contains instructions for completing the form.

Fees for laboratory tests

Laboratory fees for lead screening and neonatal screening required as part of the medical screening are not included in the \$60.00 medical screening fee and are reimbursed separately in accordance with applicable State law and Medicaid regulations. The independent laboratory must submit claims for these laboratory procedures on the HCFA 1500 claim form directly to the Medicaid Fiscal Intermediary. All other laboratory tests required at a medical screening are included in the \$60.00 reimbursement.

Fees for immunization

Fees for routine immunizations required as part of the medical screening for children under age six are also not included in the \$60.00 medical screening fee and are reimbursed separately. Fees for these immunizations are listed on page V-8. You must submit claims for immunizations on the HCFA 1500 claim form directly to the Fiscal Intermediary. Only licensed physicians and other qualified Medicaid-enrolled providers may be reimbursed for these services in accordance with applicable State law and Medicaid regulations.

Fees for other medically necessary covered health services

Other medically necessary covered health services are reimbursed separately from the screening fee. You must submit claims for these services on the HCFA 1500 claim form directly to the Fiscal Intermediary. Only qualified Medicaid-enrolled providers may be reimbursed for these services in accordance with applicable State law and Medicaid regulations. Certain EPSDT-related services and fees are described on pages VIII-6, VIII-7, and VIII-8.

How the program is administered

The Bureau of Health Services Financing (BHSF) of the Louisiana Department of Health and Hospitals (DHH) administers the Louisiana Medicaid Program. EPSDT, with its KIDMED screening component, is one of the programs under Louisiana Medicaid. The Bureau sets the standards and requirements that providers must meet in order to participate in KIDMED and signs agreements with qualified, enrolled providers.

Birch & Davis Health Management Corporation (BDHMC) is under contract to DHH to manage the Louisiana KIDMED screening program. The program includes the following five components:

- Beneficiary outreach
- Provider recruitment and enrollment
- Screening administration
- Service coordination
- Monitoring

Louisiana KIDMED's main office is located at 5700 Florida Boulevard, 10th Floor, Baton Rouge, LA 70806. KIDMED regional staff are located throughout the State.

How Louisiana KIDMED can help you

The Louisiana KIDMED office staff can help you with many aspects of the program. KIDMED's provider assistance services are summarized below:

- Louisiana KIDMED provides technical assistance on how to incorporate KIDMED into your practice.
- Louisiana KIDMED operates a toll-free telephone information service for those providers already enrolled as well as those seeking information about the program.
- Louisiana KIDMED assigns a Regional Nurse and a Regional Provider Relations Coordinator to each provider. These representatives assist you as needed in enrolling and carrying out your responsibilities.

- Louisiana KIDMED contacts new Medicaid beneficiaries and provides patient education on the benefits and appropriate utilization of screening services. Louisiana KIDMED offers each beneficiary a choice of KIDMED screening providers.
- Louisiana KIDMED provides you with a monthly report that lists children linked to you for screening and the dates their screenings are due.
- Louisiana KIDMED helps you with referrals for diagnosis and initial treatment for the conditions found in screenings if you need assistance.
- Louisiana KIDMED reminds beneficiaries of their scheduled appointments for screening and any diagnosis and initial treatment appointments.
- Louisiana KIDMED arranges transportation for beneficiaries to KIDMED screening appointments and appointments for diagnosis and initial treatment.
- Louisiana KIDMED facilitates screening claim processing for KIDMED providers and submits them to the Fiscal Intermediary promptly for payment.
- Louisiana KIDMED helps you in resolving screening billing problems and provides free software to bill electronically.
- Louisiana KIDMED maintains a resource directory of Medicaid-enrolled and other providers for referral purposes.

Note: Whenever the word "beneficiary" is used in this manual, it means the child or his parents or guardians as is appropriate.

How to get more information

1-800-259-8000	928-9683 (in Baton Rouge)
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Louisiana KIDMED's toll-free and local Baton Rouge telephone lines are staffed every weekday from 8:00 AM to 8:30 PM. An answering machine takes messages during other hours on both lines. These lines provide you with access to qualified staff who are trained to answer your questions and help you resolve any problems. You may request a visit to your office by your KIDMED Provider Relations Coordinator or your KIDMED Regional Nurse. You may also write to Louisiana KIDMED at 5700 Florida Boulevard, 10th Floor, Baton Rouge, LA 70806, or send a fax to Louisiana KIDMED at (504) 928-9681.

II. KIDMED OUTREACH AND BENEFICIARY LINKAGE

II. KIDMED Outreach and Beneficiary Linkage

Federal EPSDT regulations provide that all eligible Medicaid beneficiaries under age 21 be informed of the nature and availability of screening services as well as how to access them. This provision includes targeted groups of eligibles, such as foster children, pregnant women, infants, toddlers, and adolescents. Information dissemination is accomplished through outreach activities. Outreach includes face-to-face discussions, telephone conversations, and written communications. The purpose of outreach is to increase participation in the KIDMED screening program.

This section describes how beneficiaries are adequately informed of KIDMED screening services and how the Louisiana KIDMED office links eligible beneficiaries to the screening providers of their choice. The Louisiana KIDMED office maintains a complete current database on all Medicaid beneficiaries under age 21 and on enrolled KIDMED screening providers.

This section also provides information on KIDMED outreach activities, including coordination with the Special Supplemental Food Program for Women, Infants, and Children (WIC), ChildNet, Head Start, and school-based health services. It also describes your outreach responsibilities and the marketing activities in which you may or may not engage as a KIDMED provider. How KIDMED screening services are coordinated in the CommunityCARE program, Louisiana's managed care initiative, is also described in this section.

How beneficiaries are informed

Information about KIDMED screening services is provided during the initial Medicaid eligibility interview. During the application process, Medicaid applicants or beneficiaries are advised of the benefits of regular preventive health care for their children, the range of KIDMED services available, and how to obtain services. Foster parents, adoptive parents, and administrators of institutions and group homes are informed of KIDMED services each time there is a change in placement. Medicaid applicants and beneficiaries are also informed that the services are provided without cost to them, and that necessary transportation and appointment scheduling assistance is available through the Louisiana KIDMED office. Each applicant or beneficiary is given an attractive brochure in easy-to-understand language that describes KIDMED services and how to access them. KIDMED brochures are available in English, Spanish, and Vietnamese. This brochure is shown in Appendix 3. The applicant or beneficiary completes the tear-off portion of the brochure. The completed tear-off is mailed to the Louisiana KIDMED office for immediate processing.

How beneficiaries are linked to providers

Louisiana KIDMED linkage procedures are designed to optimize the beneficiary's freedom of choice and eliminate fragmentation and duplication of screening services. The beneficiary's right under Medicaid regulations to choose a provider is protected in KIDMED linkage procedures. Beneficiaries must be given freedom of choice in choosing screening providers except as provided under a federally approved managed care waiver as in the CommunityCARE program. There are a number of different ways that beneficiaries are linked to KIDMED screening providers which are briefly described below:

- KIDMED telephone client service workers contact beneficiaries shortly after certification upon receipt of tear-offs from various outreach sources. The primary outreach sources include local Offices of Family Support, Medicaid eligibility offices, Louisiana Health Care Authority hospitals, enrollment centers, foster parents, schools, Head Start Centers and Early Intervention Centers.
- Beneficiaries may initiate contact to the Louisiana KIDMED office through the KIDMED toll-free telephone number to request screening services with a specific provider.
- KIDMED beneficiaries may be linked to enrolled KIDMED Continuing Care providers who agree to provide KIDMED and other primary care services for a minimum of six months. The Continuing Care option is described on pages III-10 and III-11.
- In parishes where the CommunityCARE program has been implemented, freedom of choice may be waived and beneficiaries who do not select a primary care physician will be assigned to a designated CommunityCARE physician. The CommunityCARE program linkage process is described below.

Linkage at eligibility determination

Upon receipt of the KIDMED brochure tear-offs completed at the time of Medicaid certification, client service workers at the Louisiana KIDMED office contact the beneficiaries. These telephone outreach workers explain the importance of preventive health care, the screening services available, and how to access them. Each beneficiary is given a choice of screening providers in his/her community along with the address and telephone number of the screening provider he/she has selected. Beneficiaries are encouraged to choose one screening provider who will perform medical, vision, and hearing screenings. Parents of Medicaid-eligible children three years and older are also asked to choose a Medicaid-enrolled dentist for dental screening services. The beneficiary is advised to contact his/her screening provider(s) and schedule screening appointments for eligible children as soon as possible. The importance of keeping screening appointments or calling the provider or the Louisiana KIDMED office in advance to reschedule is stressed.

Provider initiated linkages

Generally, only the beneficiary may request a linkage to a specific provider. As a provider, you cannot make a request to the Louisiana KIDMED office to link specific beneficiaries to you for screening. However, you may encourage beneficiaries to call the Louisiana KIDMED office toll-free telephone line to request screening services. Beneficiaries may request you to be their screening provider when they call.

Primary care physicians who participate in KIDMED as Continuing Care providers may request that patients under their care be linked to them. This KIDMED provider enrollment option for primary care physicians is explained on pages III-10 and III-11.

CommunityCARE linkages

CommunityCARE is a managed care program administered by Louisiana Medicaid under a Federal freedom of choice waiver. A number of rural parishes are designated by Louisiana Medicaid to participate in CommunityCARE. The program provides Medicaid beneficiaries with a family physician who is responsible for providing preventive and acute care, referral for specialty care, and after hours coverage to beneficiaries linked to them. Beneficiaries can only be linked to a primary care physician, physician group, rural health clinic, or federally qualified health center enrolled in the CommunityCARE program.

CommunityCARE providers (except those who only see patients over age 21 in their practice) are required to participate in the Louisiana KIDMED program and provide screening services to children under their care. Beneficiaries are given an opportunity to choose a primary care physician participating in CommunityCARE in their parish or adjoining parish. If they do not choose a doctor, one is assigned. Beneficiaries' monthly Medicaid card lists their assigned physician who must provide or authorize most medical care except true emergency care.

Beneficiaries residing in newly designated CommunityCARE parishes are contacted by letter to choose a CommunityCARE primary care physician. If they are currently receiving KIDMED services from a CommunityCARE enrolled physician, they may remain with that provider. Beneficiaries who are not linked to any KIDMED provider, or are linked to a KIDMED provider who is not a qualified CommunityCARE provider, are contacted by letter and asked to choose an enrolled CommunityCARE physician to provide all of their primary care, including KIDMED services. If they do not indicate their choice within a designated time period, they are automatically linked to a CommunityCARE primary care physician in their parish or an adjoining parish.

A primary goal of the CommunityCARE program is to provide a "medical home" to children. Therefore, CommunityCARE physicians must provide all primary and preventive health care to their patients. All care management, including KIDMED screening, diagnosis, and treatment (for under 21 year olds), is the responsibility of the CommunityCARE primary care physician.

Notifying providers of beneficiary linkages

As a KIDMED screening provider, you will receive a Screening Provider Beneficiary Report (RS-0-07) on a monthly basis; this report will notify you of all beneficiaries linked to you for screening. You will also receive a New Recipient and Missed Screening List (EP-0-10) on a weekly basis; this lists any new beneficiaries added to the eligibility file who have chosen you as their screening provider. Appendix 20 contains samples of these reports and instructions for their use. Each report is described briefly below. Please check these reports as soon as you receive them and revise your office and clinic records accordingly. It is important for you to check these reports before scheduling medical screenings.

If you wish to screen a beneficiary who is not listed on one of these reports, you must first contact the Louisiana KIDMED office toll-free telephone line at 1-800-259-8000 (or 928-9683 in Baton Rouge) to request authorization prior to screening the beneficiary. If you fail to obtain authorization prior to performing the medical screening and the beneficiary is linked to another KIDMED provider, your medical screening claim shall be denied. If the beneficiary is already linked to another provider and now wishes to be screened by you, the procedures outlined on the next page under "Beneficiary requests for provider change" must be followed.

Screening Provider Beneficiary Report (RS-07)

This is a comprehensive listing of beneficiaries who have chosen you or have been assigned to you through the CommunityCARE program as their medical, vision, or hearing screening provider. The report includes those who are up-to-date with their screenings, those who are due for a screening in a future period, as well as those beneficiaries currently needing a medical, vision, and/or hearing screening. This listing is mailed to you at the end of each month for the upcoming month. Key elements of this listing are:

- **Last Date Screened**--This date is based upon paid screening claims. This last screening may have been done by you as the current screening provider or by the previous screening provider.
- **Next Screening Period**--These are the inclusive dates during which the next screening is due. Those screenings indicating *INITIAL SCREEN REQUIRED* are in need of an initial screening. The Louisiana KIDMED office records indicate that these beneficiaries are not known to have had a screening in recent history and must receive a screening as soon as possible. These beneficiaries will also appear on the weekly "New Recipient and Missed Screening List."

Other important features of this report are described on pages V-18 and V-19 and Appendix 20.

New Recipient and Missed Screening List (EPO-10)

This is a weekly list of new beneficiaries who have chosen you as their screening provider. It gives identifying information on each beneficiary, including the date by which an initial screening must occur. Initial screenings must be scheduled within the time limits given below upon notification by the Louisiana KIDMED office.

- Newborns--immediately
- Children one month to three years of age--within 45 days
- Children three to six years of age--within 60 days
- Children six to 21 years of age--within 120 days

The other features of the New Recipient and Missed Screening List (EPO-10) are described on pages V-18 and V-19 and Appendix 20.

Beneficiary requests for changing providers

Beneficiaries may change KIDMED providers by contacting the Louisiana KIDMED office toll-free telephone line and requesting a change. When such a request is made, the KIDMED telephone client service worker informs the beneficiary about the available KIDMED providers in their community or parish. Changes are effective the first day of the month following expiration of the 60-day waiting period. For example, if a beneficiary requests a provider change on January 15, 1994, the change will be effective on April 1, 1994.

The "former" KIDMED provider is responsible for forwarding a copy of the child's screening medical records to the new provider upon request from the new provider or when a medical release signed by the beneficiary is received. The provider cannot charge the beneficiary for the screening medical record duplicating and mailing costs.

Provider marketing activities

As a KIDMED provider, you are encouraged to develop and use outreach materials which identify, inform, and motivate eligible Medicaid beneficiaries in your practice to participate in the KIDMED program. KIDMED will assist you in your outreach efforts by providing you with KIDMED brochures for patients in your practice.

Provider marketing activities include the strategies you develop and use to inform Medicaid beneficiaries of KIDMED services, promote behavior changes which positively affect health, and encourage appropriate utilization of KIDMED services. If you develop any special marketing materials specifically directed to KIDMED beneficiaries, you must submit the materials to the Louisiana KIDMED Outreach Manager for review and approval prior to use. The Louisiana KIDMED office will review and forward the marketing materials to the Louisiana Medicaid Program for approval. You will be notified

promptly by the Louisiana KIDMED office regarding the decision by Louisiana Medicaid on your marketing materials.

This prior approval policy includes marketing materials in all media, including direct mailings and correspondence, brochures, leaflets, flyers, presentation materials used by marketing representatives, and advertisements in newspapers, magazines, radio, television, billboards, and the yellow pages. It includes materials mailed to or aimed at Medicaid beneficiaries and any materials that mention KIDMED, Medicaid, or Title XIX. The Louisiana KIDMED logo is copyright protected and cannot be used on your marketing materials.

■ Do not use the word "free" in your marketing materials as it relates to services offered to Medicaid beneficiaries which are reimbursed by Medicaid. KIDMED and other Medicaid services are financed by tax dollars. You may use the phrase "at no cost to the beneficiary" to describe KIDMED services.

As a KIDMED screening provider, you are prohibited from offering material or financial gain directly or indirectly to Medicaid beneficiaries as an inducement to participate in the Louisiana KIDMED program. This includes a prohibition from offering material or financial gain to other types of providers, such as transportation providers, to induce beneficiaries to choose you as their screening provider. This assures that the beneficiary's decision to participate is not influenced by non-medical factors.

Medicaid eligibility sites and enrollment centers are prohibited from making provider-developed marketing materials available that promote the provider. This ensures that these sites are not used for indirect marketing on behalf of any individual provider.

KIDMED community-based outreach

Louisiana KIDMED uses a combination of innovative outreach strategies to increase KIDMED screening enrollment and utilization. These strategies help extend coverage to beneficiaries who are hard to reach through traditional means, have high resistance to enrollment, are distrustful of agency workers, have little or no contact with the health system, and/or live relatively far from medical providers. Louisiana KIDMED works in collaboration with community and religious organizations and other community groups to develop outreach programs that are culturally and ethnically sensitive to each locale.

KIDMED coordination with Title V, WIC, and related programs

Federal regulations require KIDMED to coordinate services with Title V Maternal and Child Health programs and the Special Supplemental Food Program for Women, Infants, and Children (WIC) offered through the Louisiana Office of Public Health. Coordination requirements also include child health

initiatives with other related programs such as, but not limited to, Head Start, school-related health programs, and ChildNet.

KIDMED coordination with WIC

The WIC program is funded by the US Department of Agriculture. It is designed to provide supplemental nutritious food and nutrition education. It serves as an adjunct to good health care during critical periods of growth and development. WIC beneficiaries include low-income individuals in the following categories who are determined to be at nutritional risk: infants, children up to age five, and pregnant, breast-feeding, and postpartum women. The program provides beneficiaries with drafts redeemable for specific nutritious foods at no cost to the beneficiary. WIC services are available through the local health units, some community centers, and specific other contract non-profit agencies.

Federal law requires coordination between WIC and Medicaid services. The agencies providing WIC services are required to refer Medicaid-eligible families for KIDMED services. Likewise, as a KIDMED screening provider, you are required to refer all eligible women, infants, and children under age five for WIC services. If you complete the WIC referral form (see Appendix 4), you can expedite the WIC eligibility process for your patients. In addition to the referral form, WIC requests a copy of the latest growth grid. The information you provide will help the WIC staff in determining eligibility.

Your KIDMED Regional Nurse or Provider Relations Coordinator will briefly explain to you the WIC referral and certification process during your initial provider certification visit. You will be shown a short video entitled "Physician's Guide to WIC" and advised how to use the WIC referral forms and where to make referrals for WIC services. The referral forms are available from the local health unit. You may not charge the beneficiary or the Office of Public Health for completing the WIC referral form or copying the weight grid form. For additional information about the WIC program, please contact your local health unit or the State WIC Director at (504) 568-5065.

KIDMED coordination with Head Start

Head Start is a comprehensive program of health, nutritional, educational, social, and other services designed primarily for low-income pre-school children. One advantage of the program is strong parental involvement. Head Start and KIDMED share the same child health goals. Approximately 90 percent of Head Start families are also Medicaid-eligible families.

Head Start is a major focus of KIDMED outreach efforts. Head Start centers already have working relationships with community medical providers because Head Start requires its enrollees to have annual medical examinations and appropriate referrals for medically necessary diagnosis and treatment. You are encouraged to become a screening provider and perform the annual physical examinations for the Head Start centers near you. For additional information on how you can coordinate services with Head Start, please contact the Louisiana KIDMED Outreach Manager at 1-800-259-8000, or 928-9683 in Baton Rouge.

KIDMED linkages with local school boards

Schools are key links in improving child health because they are in regular contact with students and parents. Schools play an important role in identifying children's health problems and improving access to a wide range of health care services.

Medicaid offers schools an opportunity to improve the quality and scope of all their health programs by encouraging enrollment in the KIDMED screening and EPSDT Health Services Programs. Schools help to inform eligible children and families about Medicaid and the Louisiana KIDMED Program. Participating school systems inform their school population about the importance of preventive health care and encourage eligible children and families to participate in Medicaid and KIDMED.

School-based KIDMED and EPSDT health services are performed onsite after obtaining parental consent as required by the school board.

Through close interagency collaboration with Medicaid, EPSDT, and Louisiana KIDMED, the school setting has been used successfully as a key outreach and service delivery resource for the Medicaid-eligible school-age population.

KIDMED coordination with ChildNet

The Interagency Agreement of ChildNet, the State's Early Intervention Program for developmentally disabled infants and toddlers, provides for an integrated KIDMED/early intervention system. Because the KIDMED screening and ChildNet evaluation and assessment share many common goals and elements, closely linked protocols have been developed for both programs. KIDMED screening providers are required to (1) refer children who fail developmental screening and may meet the ChildNet eligibility criteria to Child Search (shown in Appendix 15) and (2) provide the evaluation (physician's examination) on the child where appropriate. KIDMED providers are also required to share medical information (with parental consent) for the purpose of ChildNet evaluation and assessment at no charge to the parent. Early intervention providers are required to ensure that children they see have received KIDMED services, including immunizations, and are encouraged to coordinate services and share information (with parental consent) with the child's primary care physician.

III. HOW TO QUALIFY AND ENROLL AS A KIDMED PROVIDER

III. How to Qualify and Enroll as a KIDMED Provider

This section describes the general conditions for enrolling in Medicaid and how to become a Medicaid provider. It explains the categories of providers that are eligible to enroll in KIDMED and the minimum requirements that must be met in order to qualify. This will help you decide whether or not you can and wish to participate. The section also describes the enrollment process for a KIDMED medical, vision, and/or hearing screening provider. It explains the paperwork you must complete. In addition, if you wish to enroll as a medical screening provider, it will help you prepare for the initial KIDMED orientation and site review visit required for your conditional enrollment.

Enrolling in Medicaid

As a KIDMED screening provider applicant, you must meet all of the general Medicaid enrollment conditions. Those who are not already enrolled in Medicaid must complete the PE-50 Medicaid Provider Enrollment Form. You may request this form by contacting Louisiana KIDMED at 1-800-259-8000 (or 928-9683 in Baton Rouge). You must complete and return the form to the Provider Enrollment Unit, Bureau of Health Services Financing, Post Office Box 91030, Baton Rouge, LA 70821-9030. Once you are enrolled in Medicaid, you will be assigned a Medicaid Provider I.D. Number and Louisiana KIDMED will be notified of your enrollment in Medicaid.

Enrolling in KIDMED

All KIDMED screening provider applicants must complete the PE-50 KIDMED Provider Enrollment Supplement Agreement shown in Appendix 5. This is a very simple form that requires you to enter identifying information and indicate your provider category and the types of screening services you agree to provide. It also lists the KIDMED program requirements that are conditions of enrollment. You may request this form from the Louisiana KIDMED office by mail or by phone. When you make your request, you must indicate the type(s) of screening services you wish to provide and your Medicaid provider number, if you are already enrolled in Medicaid. The information packet you receive from the Louisiana KIDMED office will contain the PE-50 KIDMED Provider Enrollment Supplement Agreement, the KIDMED Provider Manual, billing information, a program brochure, and other materials. All required KIDMED enrollment forms should be completed as soon as possible and submitted directly to the Louisiana KIDMED office, 5700 Florida Boulevard, 10th Floor, Baton Rouge, LA 70806. See Appendix 6. The KIDMED Provider Input form must be updated as changes in data occur.

Enrollment requirements for medical screening

Federal EPSDT guidelines provide that screenings be performed by or under the supervision of a licensed physician or other provider qualified under the law to provide primary medical and health

services. Federal law prescribes minimum qualifications that physicians who provide services to Medicaid eligible beneficiaries must meet.

In order to enroll as a medical screening provider, you must meet the qualifications under one of the provider enrollment categories described below.

- **Physician**--Medical screening services must be provided by or under the medical supervision of a licensed physician, physician group, or "professional medical corporation" as defined by Louisiana Law R.S. 12:951-965. The physician must assume professional responsibility for the services provided and assure that the services are medically necessary and appropriate. The physician must use the same provider number for KIDMED screening as for enrollment in professional services. A separate provider number will not be assigned for KIDMED.

- **Certified Pediatric Or Family Nurse Practitioner**--A certified pediatric or family nurse practitioner is a health care provider who is currently licensed as a registered nurse in Louisiana and who has satisfactorily completed a program of studies accredited by a national accrediting agency recognized by the Louisiana State Board of Nursing. National certification is required along with recognition by the Louisiana State Board of Nursing. The nurse practitioner functions according to protocol established by a directing physician, under the direction of that physician, with the approval of a directing physician, or under the protocol jointly established by a directing physician and nurse practitioner. Any medical situation or condition that arises and is not addressed by protocol or other physician direction must be referred immediately to a directing physician. The certified nurse practitioner must use the same provider number for KIDMED screening as for enrollment in professional services. A separate provider number will not be assigned for KIDMED.

- **KIDMED Clinic**--The clinic itself does not have to be administered by a physician. However, the clinic must be supervised by a licensed Medicaid enrolled physician. There must be an arrangement (provision or plan) with one or more licensed physicians, under which a physician is responsible for the general direction of the clinic that includes the following:

- The periodic review of KIDMED screening and other clinic services furnished by qualified clinic staff
- The supervision and guidance of clinic staff
- The preparation of medical orders for care and treatment of clinic patients
- The physician availability for referral and consultation, and for advice and assistance in the management of medical emergencies

The supervising physician is not required to be an employee of the provider, be full-time, or be present in the facility during the hours that services are provided. The physician must see each KIDMED beneficiary under six years of age at least once a year and older children at least once every two years. The physician must prescribe a plan of care and periodically review the care plan.

This is considered minimal medical supervision of the clinic. The requirement may be satisfied through agreements with one or more physicians. The physician must assume professional responsibility for the services provided and assure that the services are medically necessary and appropriate. State law governing a physician's supervision must also be met (Physician Practice Act).

A copy of the contractual agreement or other documentation of medical supervision and formal affiliation with a Medicaid enrolled physician as described above must be provided to the Louisiana KIDMED office at certification and monitoring visits.

The above requirements apply to both fixed sites and mobile clinic sites. Screenings may be furnished in mobile settings provided there is a fixed clinic site. Each unit must meet Occupational Safety and Health Administration (OSHA) requirements and be inspected and approved by the Louisiana KIDMED office.

- **Federally Qualified Health Center (FQHC)**—An FQHC receives Public Health Service grant funds under authority of Section 329 (Migrant Health Centers), Section 330 (Community Health Centers), or Section 340 (Services to Homeless Individuals), or is otherwise designated as an FQHC ("look-alike"). Screening services furnished in an FQHC must be provided by or under the medical supervision of a licensed physician. An FQHC enrolled as a KIDMED screening provider is issued a separate Medicaid Provider I.D. Number for KIDMED screening services.
- **Rural Health Clinic**—A rural health clinic is a facility certified by the Health Care Financing Administration (HCFA) to furnish primary care services in a rural area that qualifies as an area underserved by health professionals. Staffing includes at least one licensed physician and at least one certified physician assistant or certified nurse practitioner. Patient care services must be furnished at least by mid-level staff under the direction of a licensed physician.
- **Public Health Clinic**—A public health clinic is administered by the state health officer or other health officers of a municipality (i.e., New Orleans). The clinic must follow professionally recognized standard medical protocol. Health services delivered in such settings must be furnished by or under the medical direction of a licensed physician. This requirement does not mean that a physician must be present in the clinic where screening services are provided.

- **Local Education Agency (LEA)**--Screenings may be performed in school settings as part of school nurse programs, special education programs, or school-based health clinics. In order to meet the physician affiliation requirement, an LEA or local school board must directly employ or contract with a licensed physician to perform the following medical direction activities:

- Participate in developing, executing, and periodically reviewing the written policies related to KIDMED screenings and other medical services
- Provide medical training to enhance screening and assessment skills
- Periodically monitor quality of care through onsite observation and medical record reviews
- Provide necessary medical orders
- Provide general medical consultation and guidance
- Give advice and assistance in medical emergencies

The physician must assure that beneficiaries are receiving screening services in a safe and efficient manner in accordance with accepted standards of medical practice. A copy of the contractual agreement or other documentation of formal affiliation with a licensed physician must be provided to KIDMED. An LEA enrolled as a KIDMED medical, vision and/or hearing screening provider is issued a separate Medicaid Provider I.D. Number for KIDMED screening services. This is different from the Medicaid Provider I.D. Number issued for EPSDT Health Services for children with special health care needs.

Staffing and training requirements

KIDMED medical screenings must be provided by a registered nurse, certified physician assistant, or licensed physician (including licensed osteopath). Pediatric training is required for staff who are screening pediatric age patients under age 13. Examples of pediatric training include recent pediatric physical assessment courses and pediatric experience in a clinical setting within the last two years. At least one member of the medical staff must have current CPR certification and be onsite at all times when services are provided to a child.

Equipment and supply requirements

The following equipment and supplies are required as age-appropriate:

- Louisiana KIDMED-approved medical records and forms on physical examination, laboratory, health history, and other procedures needed to document each screening component
- Growth grids for plotting height, length, weight, and head circumference
- Urine dip sticks for pH, protein, blood, glucose, leukocytes, and nitrite
- Containers for urine collection
- Blood lead testing collection tubes and forms from a Medicaid-approved lab
- Neonatal metabolic screening materials from a Medicaid-approved lab
- Hemoglobinometer or centrifuge, or equivalent equipment, for iron deficiency anemia screening
- Examination table(s)
- Pediatric scales (balanced)
- Adult scales (balanced)
- Instruments for height measurement
- Denver II Developmental Screening Test kit, forms, and manual for those who screen children under six years of age
- Refrigerator with thermometer for vaccine storage
- Vaccine information pamphlets
- Emergency equipment and medications for those who administer immunizations (equipment must be appropriate size for patient age, i.e., adult, child, and infant airways; oxygen; ambu bag; bite stix; Adrenalin; Benadryl and administration equipment; and suction equipment)
- Sphygmomanometer with cuffs for child and adult
- Gowns or drapes
- Pediatric and adult stethoscopes

- Otoscope
- Head circumference tape measure
- Penlight
- Appropriate blood drawing and disposal equipment including latex gloves, aprons, goggles, and approved sharps container
- Appropriate disinfectant
- Fire extinguisher
- Fire evacuation plan posted
- Exit signs

Clinical site review for conditional enrollment

Upon receipt of your enrollment form, Louisiana KIDMED Provider Relations staff will contact you to discuss basic program requirements with you and answer any questions you may have about KIDMED. If you meet the provider qualifications listed on the preceding pages in this section and wish to complete the enrollment process, a clinical site review will be scheduled within 30 days at your convenience. The clinical site review may be rescheduled at a later date if you need additional preparation time.

This site visit will be conducted by the KIDMED Regional Nurse and will take about two hours. The KIDMED Regional Nurse will plan this visit with you to minimize disruption of your normal operations. The physician, office manager, and clinic staff responsible for any part of the screening process must participate in the review. However, there are some aspects of the review, such as the review of appointment and scheduling systems, that do not require the presence of the physician and clinical staff. To prepare for this visit, you should thoroughly review this manual, identify any issues that you do not understand, and make a list of the questions you want to ask the KIDMED staff. You will have an opportunity to ask questions, clarify your responsibilities under the program, find out how to incorporate KIDMED services into and/or expand your practice, determine the extent of your participation, find out how to bill and the amount you will be paid for KIDMED services, and learn more about the many provider support services available from the Louisiana KIDMED office.

The KIDMED Regional Nurse will use a checklist (see Appendix 7) to conduct the clinical review. You should have the following information available at the time of the visit.

- General information about your practice
- Evidence of medical supervision

- The names, licensure, certifications, and pediatric training documentation of your clinical staff
- The facility's caseload size
- Clinical structure and appearance
- Equipment and supplies
- Patient flow procedures
- Appointment scheduling system
- Screening and other services available
- Standing orders
- Referral procedures
- Medical records
- Billing procedures
- Surveillance Utilization Review System (SURS) status
- KIDMED-related marketing materials
- CLIA certificate or certificate of waiver

In addition to appropriate staff, equipment, and supplies, you must have a safe, clean, handicapped-accessible facility with adequate space, lighting, furnishings, and examination areas that ensure privacy and are accessible to hand washing facilities. All patient areas including bathrooms are also required to be handicapped-accessible.

The KIDMED Regional Nurse will hold an exit interview with you to discuss the clinical site visit findings. Louisiana KIDMED will send you a letter summarizing the findings of the site review (see Appendix 8). Any deficiencies will be noted, and you will be given 60 days in which to correct them. If corrective action is indicated, a form will be attached to your letter. You must return this form to the Louisiana KIDMED office documenting the corrective action you have taken. Corrective action is subject to verification by the Louisiana KIDMED office. Upon verification that you meet all provider and program requirements, Louisiana KIDMED will make a recommendation regarding your conditional enrollment to the Louisiana Medicaid Program. The Medicaid Director or designee will make the final decision on your conditional enrollment. Louisiana Medicaid will notify you of your conditional enrollment status and whether you can begin billing.

Six-month follow-up review for full enrollment

Approximately six months after you receive conditional enrollment and begin providing KIDMED screening services, your KIDMED Regional Nurse will contact you. At that time you will schedule a follow-up visit to review your continuing compliance with program regulations (using the same provider certification checklist explained above and employed in the initial review). In addition, the Regional Nurse will observe KIDMED screenings being performed, interview the screening staff, check your equipment and licenses of clinic staff, review your scheduling systems, and audit a sample of your medical records on patients screened. The review may be conducted in tandem with a Medicaid review of other services. A beneficiary satisfaction survey will also be conducted (see Appendix 9). The six-month follow-up review visit will take about four to six hours. The clinical staff must be available for the observation and interview activities but need not be available for the other components.

KIDMED will discuss the review findings with you at an exit interview. You will have an opportunity to ask questions about any aspect of the review or the program. If problem areas are found, a letter requesting a corrective action plan will be sent to you within 30 days from the date of the review. You are expected to prepare and submit your corrective action plan within 10 working days for approval. You will then receive written notification from the Louisiana KIDMED office of approval or disapproval and be advised of any further corrective action required within 10 working days. A site visit will be conducted in most cases by the Louisiana KIDMED staff to validate the corrective action you have taken. The Louisiana KIDMED office will make a recommendation to the Medicaid Program regarding your full enrollment. You will receive a notice from the Louisiana KIDMED office indicating whether or not your enrollment status has been changed from "conditional" to "full." A decision on full enrollment may be delayed if deficiencies are found. Major deficiencies may result in disenrollment. The flowchart in Appendix 24 depicts the process.

Denial or suspension of provider enrollment

Your conditional or full enrollment in KIDMED may be denied, held for review, or suspended at any time if any of the following occur:

- You are indicted for or convicted of a criminal offense related to Medicaid.
- The Office of the Attorney General is conducting a criminal investigation of you.
- You are suspended or terminated from the Louisiana Medicaid Program.
- Medicaid is seeking to withhold and/or recover money inappropriately received by you.
- Your professional license is probationary or has been suspended or revoked.
- You do not comply with Medicaid and/or KIDMED program requirements.

Vision screening provider requirements

In order to enroll as a vision screening provider, you must meet the qualifications under one of the seven medical screening provider categories listed on pages III-2 through III-4. In addition, licensed

optometrists may apply for enrollment or provide direction in one of the seven categories where applicable.

KIDMED vision screening must be provided by a registered nurse, certified physician assistant, licensed physician, or licensed optometrist with appropriate training. You must provide evidence of applicable licensure of staff performing these services as a condition of enrollment.

The following equipment and supplies are required for objective vision screening:

- Snellen chart, Allen cards plus occluder, Titmus, or equivalent for visual acuity testing
- Polychromatic color perception plates (Ishihara, Stilling, or Hardy-Rand-Ritter)
- Penlight

If you are also a medical screening provider, your equipment and the appropriateness of your maintenance procedures will be assessed during the initial site review for conditional enrollment. If you are not a medical screening provider, you must submit evidence of your equipment and your maintenance procedures in order to enroll.

The Louisiana KIDMED office will contact you within 10 days of receipt of your PE-50 Provider Enrollment Supplement Agreement to discuss your enrollment. If you are applying to enroll as a vision screening provider and not a medical screening provider, no site visit will be conducted for conditional enrollment. A recommendation regarding your enrollment will be made to Louisiana Medicaid. The Medicaid Director or designee will make the final decision on your enrollment. Louisiana Medicaid will notify you of your enrollment status and whether you can begin billing.

Hearing screening provider requirements

In order to enroll as a KIDMED hearing screening provider, you must meet the qualifications under one of the seven medical screening provider categories listed on pages III-2 through III-4. In addition, licensed audiologists and speech pathologists who are certified by the American Speech and Hearing Association (ASHA) or who have equivalent qualifications with appropriate training may apply for enrollment or provide direction in one of the seven categories where applicable.

KIDMED hearing screening must be provided by a registered nurse, certified physician assistant, licensed physician, licensed audiologist or licensed speech pathologist with appropriate training. You must provide evidence of applicable licensure of staff performing these services as a condition of enrollment.

The following equipment is required for objective hearing screenings:

- Pure tone audiometer or Welsh Allyn audioscope (20 db model)

If you are also a medical screening provider, your equipment and the appropriateness of your maintenance procedures will be assessed during the initial site review for conditional enrollment. If you are not a medical screening provider, you must submit evidence of your equipment and your maintenance procedures in order to enroll.

The Louisiana KIDMED office will contact you within 10 days of receipt of your PE-50 Provider Enrollment Supplement Agreement to discuss your enrollment. If you are applying to enroll as a hearing screening provider and not a medical screening provider, no site visit will be conducted for conditional enrollment. A recommendation regarding your enrollment will be made to Louisiana Medicaid. The Medicaid Director or designee will make the final decision on your enrollment. Louisiana Medicaid Louisiana will notify you of your enrollment status and whether you can begin billing.

Continuing care provider option

Under the continuing care option, KIDMED screenings are part of a continuum of care delivered by a physician who is familiar with the child's episodes of acute illness and has an ongoing relationship with the parents or guardians as the regular source of the child's medical care. This physician-patient arrangement provides a "medical home" for the child. It also fulfills the general concept that child health services are continuing and comprehensive and that a child should receive examinations, diagnosis, treatment, and referral services from one provider. Your participation as a continuing care provider is encouraged in the belief that you can significantly help improve the delivery and quality of services and, at the same time, contain escalating health care costs.

If you are an enrolled KIDMED medical screening provider and you provide both screening and primary care, you may choose to enroll as a Continuing Care provider. Providers who furnish only screening services are not eligible to provide continuing care.

As a continuing care provider, you become the sole provider of KIDMED medical, vision, and hearing screening services and act as a care manager for children whose parents or guardians have consented to this arrangement both for KIDMED screenings and for care of acute, episodic and chronic illnesses. This arrangement is for a stated period of time. The mutual obligations of both the beneficiary and provider are recognized by a signed enrollment agreement. A sample of the agreement form is shown in Appendix 10. The parents or guardians must agree in writing to use you exclusively as the regular source of continuing care services for their child(ren) for a minimum period of one year. The agreement is automatically renewable unless the parents or guardians notify the Louisiana KIDMED office of withdrawal.

If you choose to enroll as a continuing care provider, you must sign a Continuing Care Supplement Agreement with Louisiana Medicaid. Appendix 11 contains a copy of this agreement. This agreement is in addition to the PE-50 Medicaid Provider Enrollment Form and the KIDMED Provider Enrollment Supplement Agreement. It requires you to agree to the following:

- To explain to each enrollee that KIDMED screening services must be obtained from the continuing care provider
- To provide KIDMED medical, vision, and hearing screening services and childhood immunizations
- To provide physician services as needed for acute, episodic, or chronic illnesses or conditions

- To arrange for such care if it is not usually provided by you or is beyond the scope of your practice
- To provide 24-hour, seven-day-a-week telephone coverage
- To maintain a consolidated health history, including information from other providers
- To enroll beneficiaries for continuing care through written agreement from the parents or guardians and to file the original agreement form in the child's medical record
- To allow an enrollee to withdraw with good cause upon request to the Louisiana KIDMED office 60 days prior to withdrawal
- To refer your enrollees to the Louisiana KIDMED office toll-free telephone line or Medicaid transportation scheduling service to access transportation assistance
- To provide appointment scheduling assistance, including notifying the parents or guardians when a KIDMED screening is due (except for children over 12 months of age, if you elect to have KIDMED schedule those children for you)
- To provide your enrollees with assistance in referrals for services not covered by Medicaid or to refer your enrollees to the Louisiana KIDMED office toll-free telephone line for this assistance
- To maintain admitting privileges at a local hospital that participates in Medicaid and is accessible to your enrollees
- To notify the Louisiana KIDMED office promptly of enrollees by sending or faxing a copy of the agreement signed by the parents or guardians

Upon receipt of the Continuing Care agreement from the primary care physician, KIDMED will assign the child to you for continuing care. You are the only KIDMED provider who can be reimbursed by Medicaid for screening services to children whose parents or guardians sign the agreement with you for continuing care. However, the agreement does not prevent another physician from being paid for emergency or non-screening services.

Reporting provider changes

Once you are enrolled as a KIDMED medical, vision, and/or hearing screening provider, you must report significant changes in your practice. Changes in basic data, such as provider name, address, telephone number, Medicaid provider number, provider type, or provider category, should be reported immediately to the Provider Enrollment Unit of the Bureau of Health Services Financing at (504) 342-9454. Other changes should be reported to the Louisiana KIDMED office with 30 days advance notification. These includes changes in clinical staff, restrictions on the population you wish to serve, screening services you wish to provide, and appointment scheduling. You may notify the Louisiana

KIDMED office by mail or use the KIDMED office toll-free telephone line to report a change. If you are unsure about how or when to report changes, contact the Louisiana KIDMED office for assistance.

Terminating provider participation

You must notify the Louisiana KIDMED office in writing at least sixty days prior to terminating your participation in the KIDMED Program. This will allow adequate time for the KIDMED telephone client service workers to contact beneficiaries linked to you, inform them of other available KIDMED providers, and request that they select a new provider. KIDMED providers will be assigned to beneficiaries who cannot be contacted by telephone and fail to contact the Louisiana KIDMED office and select a new provider.

You must maintain your KIDMED medical and billing records for at least three years from the date you received your last Medicaid payment. You are also required to forward a copy of the screening medical record to the new provider upon request and the receipt of a medical release signed by the beneficiary. You may not charge the beneficiary for the cost of duplicating or mailing KIDMED screening medical information.

IV. THE SCREENING PERIODICITY SCHEDULE

IV. The Screening Periodicity Schedule

This section describes the requirements of the screening periodicity schedule for medical, vision, and hearing screenings. It will help you understand the importance of timeliness and the screening schedule that the Louisiana KIDMED program requires. The periodicity schedule is shown on page IV-3 and in Appendix 12. The national immunization schedule is shown in Appendix 14.

Screenings and immunizations must be performed on time at the ages shown. For example, the screening due when the child is six months old must be performed after he or she has reached the age of six months, but before the seven-month birthday. The screening scheduled for three years of age must be performed between the child's third and fourth birthdays. In addition, the periodic screenings performed on children under two must be performed at least 30 days apart. Screenings performed after the child's second birthday must be at least six months apart. As a provider, you are obligated to follow the periodicity schedule and the specific protocol for each age group.

You have a responsibility for coordinating medical, vision, and hearing screenings. If a child is linked to you for medical, vision and hearing screenings, you must complete the vision and hearing screening on the same day that the medical screening is performed. This is to be done on the same day to prevent the child from having to return at a later date.

It is up to you as the screening provider to ensure that the appointments scheduled for initial and periodic screenings are timely. You also must follow up on missed appointments. Two good faith efforts are required to reschedule a screening appointment. A good faith effort is a successful contact by telephone or letter to the parents or guardians. Claims submitted for KIDMED periodic screenings performed at an inappropriate time will not be paid.

State regulations require that the Louisiana KIDMED office telephone outreach representatives contact all Medicaid beneficiaries requesting KIDMED services by telephone or letter within 30 days of their eligibility determination. After a beneficiary has selected you as the screening provider, the Louisiana KIDMED office will notify you promptly to arrange for the initial screening. This notification process is described in detail in Section II. Initial screenings must be scheduled within the time limits given below upon notification by the Louisiana KIDMED office.

- Newborns--immediately
- Children one month to three years of age--within 45 days
- Children three to six years of age--within 60 days
- Children six to 21 years of age--within 120 days

There are several exceptions to the screening timeliness rule:

- Initial screenings--Depending on when you received notification from the Louisiana KIDMED office to screen a child, the initial screening time may not correspond exactly to the periodicity schedule. After the initial screening, the subsequent periodic screenings must be performed on schedule.

■ Baseline laboratory and Denver II screening must be done at the initial medical screening on all children under age two.

- Off-Schedule Screenings--If a child misses a regular periodic screening, that child may be screened off-schedule in order to bring him or her up-to-date at the earliest possible time. However, remember that all screenings on children under two years of age must be at least 30 days apart, and those on children age two through six must be at least six months apart.

- Interperiodic Screenings--These are medical, vision, or hearing screenings that are provided outside of and in addition to the regular periodic screenings. Any medical provider or a qualified health, developmental, or educational professional who comes into contact with the child outside of the formal health care system may request an interperiodic screening. Examples of organizations whose professionals might make these requests include early intervention or special education programs such as Child Search and ChildNet, Head Start, day care programs, and the Special Supplemental Food Program for Women, Infants, and Children (WIC). In addition, the beneficiary or family may request an interperiodic screening. You must determine and document the need for an interperiodic screening in the medical record.

REQUIRED KIDMED MEDICAL, VISION, AND HEARING SCREENING COMPONENTS BY AGE OF RECIPIENT (EFFECTIVE APRIL 1, 1994)

AGE	BIRTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO	MO
MEDICAL SCREENING	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
INITIAL/INTERVAL HISTORY	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MEASUREMENTS																					
Height and Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Head Circumference	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blood Pressure																					
DEVELOPMENTAL ASSESSMENT	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
UNCLOTHED PHYSICAL EXAM/ASSESSMENT	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PROCEDURES																					
Immunization	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Neonatal Screening																					
Anemia Screening																					
Urine Screening																					
Lead Risk Assessment																					
Blood Lead Screening																					
NUTRITIONAL ASSESSMENT	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HEALTH EDUCATION	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
VISION SCREENING	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
HEARING SCREENING	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S

- X = Required at visit for this age
S = Subjective by history
O = Objective by Medicaid-approved standard testing method
--- = One test must be administered during this time frame
- Baseline lab and Denver II screening must be done at the initial medical screening on all children under age two.
 - The newborn screening examination at birth must occur prior to hospital discharge (if done less than 48 hours after birth, it must be repeated).
 - The physical examination/assessment must be unclothed or undraped and include all body systems.
 - The state health department immunization schedule must be followed per AAP recommendations.
 - Anemia screening is to be done once between 9 and 12 months or earlier if medically indicated, one year to four years, five years to 12 years, and between 13 and 20 years.
 - Urine testing (dipstick) is to be done once between one and four years, (as soon as toilet trained), five to 12 years, and between 13 and 20 years.
 - Anticipatory guidance and verbal risk assessment for lead must be done at every medical screening.
 - Screening beginning at six months corresponds to 1991 CDC guidelines. The frequency of screening using the blood lead test depends on the result of the verbal risk assessment.
 - Health education must include anticipatory guidance and interpretive conference. Youth, ages 12 through 20, must receive more intensive health education which addresses psychological issues, emotional issues, substance usage, and reproductive health issues at each screening visit.

TABLE 3. Recommended schedule for routine active vaccination of infants and children

Vaccine	At birth (before hospital discharge)						4-6 years (before school entry)		
	1-2 months	2 months	4 months	6 months	6-18 months	12-15 months	15 months		
Diphtheria-tetanus- pertussis		DTP OPV	DTP OPV	DTP OPV**			DTaP/DTaP + OPV		
Polio, live oral									
Measles-mumps- rubella						MMR			MMR^^
<i>Haemophilus</i> <i>influenzae</i> type b conjugate		Hib	Hib	Hib		Hib + + Hib + +			
HbOC/PRP-T --, --		Hib	Hib						
PRP-OMP -- --									
Hepatitis B***					HepB^^^ HepB^^^				
Option 1	HepB								
Option 2			HepB^^^		HepB^^^ HepB^^^				

^Can be administered as early as 6 weeks of age.

--Two DTP and Hib combination vaccines are available (DTP/HbOC [TETRAMUNE™]; and PRP-T [ActHIB™, OmniHIB™] which can be reconstituted with DTP vaccine produced by Connaught).

+ This dose of DTP can be administered as early as 12 months of age provided that the interval since the previous dose of DTP is at least 6 months. *Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTP)* is currently recommended only for use as the fourth and/or fifth doses of the DTP series among children aged 15 months through 6 years (before the seventh birthday). Some experts prefer to administer these vaccines at 18 months of age.

**The American Academy of Pediatrics (AAP) recommends this dose of vaccines at 6-18 months of age.

^^The AAP recommends that two doses of MMR should be administered by 12 years of age with the second dose being administered preferentially at entry to middle school or junior high school.

--HbOC: [HibTITER™] (Lederle Praxs). PRP-T: [ActHIB™, OmniHIB™] (Pasteur Merieux). PRP-OMP: [PedvaxHIB®] (Merk, Sharp, and Dohme). A DTP/Hib combination vaccine can be used in place of HbOC/PRO-T.

+ + After the primary infant Hib conjugate series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose at age 12-15 months.

***For use among infants born to HBsAg-negative mothers. The dose should be administered during the newborn period, preferably before hospital discharge, but no later than age 2 months. Premature infants of HBsAg-negative mothers should receive the first dose of the hepatitis B vaccine series at the time of hospital discharge or when the other routine childhood vaccines are initiated. (All infants born to HBsAg-positive mothers should receive immunoprophylaxis for hepatitis B as soon as possible after birth.)

^^^Hepatitis B vaccine can be administered simultaneously at the same visit with DTP (or DTaP), OPV, Hib, and/or MMR.

V. CONDUCTING THE MEDICAL SCREENING

V. Conducting the Medical Screening

This section describes the components of the medical screening and indicates who among your staff may perform each component. In addition, it describes how Louisiana KIDMED can assist you with scheduling medical screening appointments for beneficiaries who have chosen you as a medical screening provider. It also describes KIDMED reports to medical screening providers.

The medical screening has five components as described below. Medicaid reimbursement for a medical screening is \$60.00. A medical screening must be billed on the KM-3 form and submitted directly to the Louisiana KIDMED office. The Medicaid Program will not reimburse you for a higher level office visit if you have been reimbursed for a medical screening on the same date of service. The higher level office visit includes the Evaluation and Management CPT codes 99203 through 99205 and 99213 through 99215.

COMPONENTS OF THE MEDICAL SCREENING	
1.	Comprehensive health and developmental history (including an assessment of both physical and mental health and development)
2.	Comprehensive unclothed physical exam or assessment
3.	Appropriate immunizations according to age and health history (unless medically contraindicated or parents or guardians refuse at the time)
4.	Laboratory tests (including appropriate neonatal, iron deficiency anemia, urine, and blood lead screening)
5.	Health education (including anticipatory guidance)

All components, including specimen collection, must be provided onsite during the same medical screening visit. For example, you cannot send a child to an outside laboratory to have blood drawn.

NOTE:

Age appropriate immunizations are a federally required medical screening component. You may not submit a claim for a medical screening unless all required components are administered including appropriate immunizations (unless medically contraindicated or the parents or guardians refuse at the time) according to age and health history. Failure to comply with or properly document this screening requirement constitutes an incomplete screening and is subject to recoupment of the total medical screening fee. See Page V-6a for immunization schedule.

The following is a description of each medical screening component.

Comprehensive health and developmental history

At the initial medical screening, you must obtain a comprehensive health, developmental, and nutritional history from the child's parents, guardians, or a responsible adult familiar with the child, or directly from an adolescent when appropriate. You can gather this history either through an interview or by using an approved questionnaire. The initial history must include all of the following, as age-appropriate:

- Family medical history (health of current family members, identification of family members with chronic, communicable, or hereditary diseases)
- Patient medical history (prenatal problems, neonatal problems, developmental milestones, serious illnesses, surgeries, hospitalizations, allergies, and current health problems and medications)
- Nutritional history (diet, feeding problems, obesity)
- Risk factors that contribute to dental caries
- Immunization history
- Environmental risk (living conditions, water supply, sewage, pets, smokers in home)
- Risk of exposure to lead (see Lead Poisoning Risk Assessment Questionnaire on page V-13)
- Behavioral indicators of stress or emotional problems (educational environment and performance, family and social relationships, hobbies, sports)
- The name of the child's physician(s) and/or source of medical care
- The name of the child's dentist (for children age three and older)

In addition, for all children between 12 and 21 years of age, the initial history must include:

- History of sexual activity
- Use of contraception, if appropriate
- Menstrual history for females
- Obstetrical history, if appropriate

If a parent, guardian, or other responsible adult is not present when the initial history is taken on a child under 12 years of age, you must telephone the parents or guardians or send them a questionnaire to obtain the necessary information. If neither method of contacting them is successful, a member of your staff must visit the parents or guardians to collect the information. You may obtain the initial history from the child if the child is 12 years of age or older and is capable of providing this information.

The health history must be updated at each subsequent medical screening visit to allow for serial evaluation.

Who can take the history?

The history may be taken by trained staff but must be interpreted during the physical exam or assessment by a licensed physician, registered nurse, or certified physician assistant. Informational portions relating to nutrition may be taken by a licensed dietician or nutritionist.

Developmental assessment

Each medical screening visit must include an assessment of the child's growth and development. You must determine whether or not the child has reached the age-appropriate level of development using appropriate criteria for specific age groups as defined below.

As shown on the periodicity schedule, the Denver II Test (full or shortened) must be administered a minimum of six times from two months through five years of age. It cannot be used after the sixth birthday. Assessment of developmental status at visits when the Denver II Test (full or shortened) is not administered is part of the physical exam or assessment and must be conducted via observation, interview, and consideration of the child's history.

For children over six years of age, the developmental screening must include a determination of the child's ability to understand and use appropriate verbal communication. For children between six and twelve years of age, the developmental screening must include an evaluation of school performance as well as peer and family relationships. For adolescents twelve years of age or older, the developmental screening must include a psychosocial assessment, including peer and family relationships, school/job performance, use of drugs, alcohol, and/or tobacco, sexual preparedness and activity, and family planning, when appropriate.

- The Denver II Test (full or shortened) can be administered only by those who have successfully completed the Denver II training program by a certified Master Denver II trainer. The full Denver II developmental test must be utilized for the entire six months of conditional enrollment. When full enrollment status is achieved, a provider must specify which method (full or shortened) will be used. The shortened Denver II may

only be used if the staff person conducting the test has been using the full Denver II for a minimum of six months and approval has been obtained from KIDMED." If you do not have appropriately trained personnel, contact the Louisiana KIDMED office for information on how and where to obtain the training.

In assessing development, you must keep the following in mind:

- Developmental screenings should be culturally sensitive and valid.
- Potential development problems should not be dismissed or excused as "culturally appropriate behavior."
- Developmental screening results should not be used to label or diagnose a child prematurely.

A child must be referred to the Child Search Coordinator for a developmental/psychological evaluation if he or she meets criteria for referral as defined by the Denver II protocol or exhibits any of the following behavior: developmental delays; history of poor school performance; poor social adjustment; and/or emotional or behavioral problems. Appendix 13 contains a list of Child Search Coordinators. The ChildNet Eligibility Criteria are shown in Appendix 15.

The Denver II protocol for referral considerations consists of the following:

If, upon rescreening, the test result is again suspect or untestable, the decision on whether or not to refer should be determined by the clinical judgment of the professional based upon:

- Profile of test results (which items are cautions and delays)
- Number of cautions and delays
- Rate of past development
- Other clinical considerations (clinical history, exam/assessment, etc.)
- Availability of referral resources

In addition, a child must be referred to a licensed physician for a complete medical exam and medically necessary diagnosis and treatment.

Who can conduct the developmental assessment?

The Denver II Test (full or shortened) must be conducted by staff members with a working knowledge of child development who have successfully completed training by a certified Master Denver II trainer.

The shortened Denver II may be used initially in place of the full Denver II. This format decreases the number of items administered but allows for the detection of children who are developmentally at risk. Certification in Denver II remains a requirement for staff who administer the test. Criteria for scoring, interpretation, and referrals remain the same as for the full Denver II.

Instructions:

Administer

- (1) Three items in each sector that fall nearest to and totally to the left of the age line
 - (2) All items in which the age line intersects the blue shaded areas
- If the child passes all items or has one caution, the test is interpreted as normal, and no further items need to be administered.
 - If the child has more than one caution and/or one or more delays, administer all items intersected by the age line and additional items to the left in the appropriate sectors until the child passes three items.

Refer to the Denver II Manual for complete test interpretation and referral considerations.

Comprehensive unclothed physical exam or assessment

At each medical screening visit, a complete physical exam or assessment is essential, with infants totally unclothed and older children suitably draped. As each body area is examined, that part of the body should be undraped or unclothed so that it can be visually inspected. The exam or assessment must be performed using observation, palpation, auscultation, and other appropriate techniques. Complete privacy must be assured. The exam or assessment must include all body parts (or areas) and systems listed below:

- Cranium and face
- Hair and scalp
- Ears
- Eyes
- Nose
- Throat
- Mouth and teeth
- Neck
- Skin and lymph nodes
- Chest and back (using a stethoscope to check for heart and lung disorders)
- Abdomen
- Genitalia
- Musculoskeletal system
- Extremities
- Nervous system

In addition, you must measure the height (or length) and weight of the child. You must weigh infants on an appropriately balanced infant scale. When examining a child under the age of two, you must measure the child's occipito-frontal circumference using a standard head circumference tape. You must plot all measurements on age-appropriate, standardized growth grids for each child, and you must evaluate them.

For children age three and above, the physical exam or assessment must include blood pressure measurement, using appropriate size cuffs.

The physical exam or assessment must include screening for congenital abnormalities of the ears, head, and neck, and for responses to voices and other external auditory stimuli. Hearing loss must be suspected if there is a delay in speech development in children under three years of age. Visualization of the tympanic membrane is also required. The physical exam or assessment must address any functional and structural abnormalities which would interfere with the child's ability to communicate. During the oral inspection, the palate and dental ridge must be visually examined to check for dental anomalies, such as bleeding, inflammation of the gums, and dental caries.

The physical exam or assessment must also include an external scan, visual response assessment (fixation and pupillary reflexes), and muscle balance assessment of each eye. The following must be included:

External scan of eyes

Cornea and lens—clarity

Pupils—size, shape, equal, and active

Iris—color, abnormality of shape, and size

Conjunctiva and lids—signs of inflammation or infection, tumors, chronic tearing, ptosis (squint), and trauma

Visual response of eyes

Pupillary reflex—response to penlight

Fixation—central and steady

Muscle balance of eyes

Convergence—within six inches of nose

Eye alignment—light reflection center in each eye

Cover-uncover test—to detect heterophoria and heterotropia

Tracking—follows penlight in all directions equally with each eye

Who can conduct the unclothed physical exam or assessment?

The unclothed physical exam or assessment must be performed by a licensed physician, certified physician assistant, or registered nurse.

Appropriate immunizations

You must administer age-appropriate immunizations on each child you are screening. The child's immunization status must be reviewed at each medical screening visit. You must ensure that every child is immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and Haemophilus influenza type B disease, according to the National Immunization Schedules. A copy of the National Immunization Schedule dated September 1992 appears on page V-7A. All KIDMED screening providers including Continuing Care providers as well as CommunityCARE providers must provide necessary immunizations. If the immunization history is based on the verbal report of the parents, guardians, or other responsible adult, the information must be confirmed and properly documented, indicating the source.

NOTE:

Age-appropriate immunizations are a federally required medical screening component. You may not submit a claim for a medical screening unless all required components are administered including appropriate immunizations (unless medically contraindicated or the parents or guardians refuse at the time) according to age and health history. Failure to comply with or properly document this screening requirement constitutes an incomplete screening and is subject to recoupment of the total medical screening fee.

A parent's or guardian's refusal to allow immunizations must be documented by a statement signed and dated by the parent or guardian. Medical contraindications preventing immunizations must also be documented.

Federal regulation now requires all health care providers who administer DTP (diphtheria, tetanus toxoid, and pertussis), polio, and MMR (measles, mumps, and rubella) to distribute immunization brochures that explain the risks and benefits of these vaccines. Copies of the brochures are provided in Appendix 16 and may be duplicated. You may also purchase the brochures from the American Academy of Pediatrics by calling the Academy's Publications Department at 1-800-433-9016. Public providers are required to obtain a legal signed consent form from the parents or guardians for each dose and vaccine given. Private providers should ask parents or guardians to sign the informed consent document but are not required to do so. The consent forms are found on the last pages of the brochures.

You must bill separately for immunizations on the HCFA 1500 claim form, not the KIDMED Screening Claim Form, and submit the claim directly to the Medicaid Fiscal Intermediary. Listed below are the procedure codes and maximum Medicaid reimbursement rates for the required childhood immunizations:

TABLE 3. Recommended schedule for routine active vaccination of infants and children

Vaccine	At birth (before hospital discharge)						4-6 years (before school entry)	
	1-2 months	2 months [^]	4 months	6 months	6-18 months	12-15 months	15 months	
Diphtheria-tetanus-pertussis		DTP OPV	DTP OPV	DTP OPV ^{**}			DTaP/DTP +	DTaP/DTP OPV
Polio, live oral								
Measles-mumps-rubella						MMR		MMR ^{^^}
<i>Haemophilus influenzae</i> type b conjugate		Hib	Hib	Hib		Hib + + Hib + +		
HbOC/PRP-T ^{***} , --		Hib						
PRP-OMP ^{***} , --								
Hepatitis B ^{***}	HepB ^{^^^}		HepB ^{^^^}		HepB ^{^^^}			
Option 1	HepB				HepB ^{^^^}			
Option 2	HepB ^{^^^}				HepB ^{^^^}			

[^]Can be administered as early as 6 weeks of age.

-- Two DTP and Hib combination vaccines are available (DTP/HbOC [TETRAMUNETM]; and PRP-T [ActHIBTM, OmnihIBTM] which can be reconstituted with DTP vaccine produced by Connaught).

+ This dose of DTP can be administered as early as 12 months of age provided that the interval since the previous dose of DTP is at least 6 months. *Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTP) is currently recommended only for use as the fourth and/or fifth doses of the DTP series among children aged 15 months through 6 years (before the seventh birthday).* Some experts prefer to administer these vaccines at 18 months of age.

^{**}The American Academy of Pediatrics (AAP) recommends this dose of vaccines at 6-18 months of age.

^{^^}The AAP recommends that two doses of MMR should be administered by 12 years of age with the second dose being administered preferentially at entry to middle school or junior high school.

-- HbOC: [HibTITER[®]] (Lederle Praxi). PRP-T: [ActHIBTM, OmnihIBTM] (Pasteur Merieux). PRP-OMP: [Padvax-HIB^K] (Merk, Sharp, and Dohme). A DTP/Hib combination vaccine can be used in place of HbOC/PRO-T.

+ + After the primary Infant Hib conjugate series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose at age 12-15 months.

^{***}For use among infants born to HBsAg-negative mothers. The dose should be administered during the newborn period, preferably before hospital discharge, but no later than age 2 months. Premature infants of HBsAg-negative mothers should receive the first dose of the hepatitis B vaccine series at the time of hospital discharge or when the other routine childhood vaccines are initiated. (All infants born to HBsAg-positive mothers should receive immunoprophylaxis for hepatitis B as soon as possible after birth.)

^{^^^}Hepatitis B vaccine can be administered simultaneously at the same visit with DTP (or DTaP), OPV, Hib, and/or MMR.

90701	Immunization, active, diphtheria and tetanus toxoid and pertussis vaccine (DTP)	\$22.56
90702	Diphtheria and tetanus toxoid (DT)	\$5.00
90707	Measles, mumps, and rubella virus vaccine (live) (MMR)	\$35.00
90712	Polio virus vaccine (live) (OPV)	\$18.00
90731	Hepatitis B vaccine (HBV)	\$18.29
90737	Haemophilus type b conjugate (Hib)	\$22.00

Rates for other immunizations are contained in the *Professional Services Provider Manual* of the Louisiana Medicaid Program, which you may obtain from the Medicaid Fiscal Intermediary by calling Provider Relations at 1-800-473-2783.

Recently enacted Federal immunization legislation includes a provision prohibiting Medicaid payment of a single antigen vaccine and its administration when the administration of a combined antigen (subject to approval by the Secretary of DHHS) was medically appropriate.

Who can administer immunizations?

Immunizations must be administered by a licensed physician, certified physician assistant, registered nurse, licensed practical nurse, or trained medical staff under the supervision of a licensed physician. Immunizations must be prescribed by a licensed physician on a patient-by-patient basis or by standing orders which must be renewed annually.

Laboratory tests

Age-appropriate laboratory tests are required at selected age intervals. Specimen collection must be performed in-house at the medical screening visit. You may not send a child to an outside laboratory to have blood drawn. Any documented laboratory procedures that have already been provided less than six months prior to the medical screening visit should not be repeated unless they are medically necessary. The cost of required laboratory tests are included in the medical screening fee of \$60.00. Neonatal and lead screening tests are an exception. Separate claims may be submitted on a HCFA 1500 claim form on these laboratory tests to the Medicaid Fiscal Intermediary.

As a medical screening provider, you must comply with the Clinical Laboratory Improvement Amendments Act of 1988 commonly known as "CLIA". You must possess a certificate of registration or a certificate of waiver. The Louisiana KIDMED office will provide you with information on CLIA application procedures.

Neonatal screening

Neonatal screening includes testing for phenylketonuria (PKU), congenital hypothyroidism, and sickle cell disease. Louisiana Law R.S. 40:1299.1-3 requires hospitals with delivery units to screen all newborns before discharge for these three conditions, regardless of the newborn's length of stay at the hospital. You may obtain results of the initial neonatal screening by contacting the hospital of birth, the health unit in the parish of the mother's residence, or the Office of Public Health (OPH) Central Laboratory if the test was submitted to that laboratory. You may contact the OPH Central Laboratory at (504) 568-8990 for results 10 days after submission. If tests were done through a private laboratory, you must obtain lab results from that laboratory or the hospital of birth.

You are responsible for obtaining neonatal screening results. You must rescreen an infant who was initially screened for PKU before 48 hours of age or if results are not available. This is because cases may be missed if the initial screening occurs too soon after delivery. The rescreening should be completed preferably between one and two weeks of age, but no later than the third week of life.

The initial or repeat neonatal screening results for PKU, hypothyroidism, and sickle cell disease must be documented in the medical record for all children under one year of age. Children over one year of age do not need to be screened for these conditions unless it is medically indicated.

The neonatal screening is not included in the \$60.00 KIDMED screening fee. Neonatal screening tests are billed on the HCFA 1500 claim form and submitted to the Medicaid Fiscal Intermediary for payment. The CPT codes for these tests and the Medicaid maximum fees for these procedures are listed below:

84030	Phenylalanine (PKU), blood	\$ 6.31
83020	Hemoglobin, electrophoresis (e.g., A2, S, C)	\$16.47
85660	Sickling of RBC, reduction, slide method	\$6.55
84436	Thyroxine; total	\$6.20
84437	requiring elution (e.g., neonatal)	\$9.86
84439	free	\$13.85
84443	Thyroid stimulating hormone (TSH)	\$25.62

These tests can be performed only by the Office of Public Health (OPH) Central Laboratory or another Medicaid-approved laboratory using the same testing methodologies. OPH does not charge private providers for the blue border Lab-10 filter paper form used in blood specimen collection for neonatal screening of Medicaid-eligible infants. You can obtain the form at OPH parish health units.

When a positive result is identified from any of the three diseases and a private laboratory is used, the provider must immediately notify the Louisiana Genetic Disease Program Office of OPH by telephone or in writing by fax. Their telephone number is (504) 568-5070 and their fax numbers are (504) 568-2543 or 568-5507. The OPH Genetics Program staff will provide instruction on obtaining confirmatory testing and specialized medical management.

Iron deficiency anemia screening

Iron deficiency anemia screening involves determining hematocrit or hemoglobin values through a fingerprick or venous blood sample. As shown in the periodicity schedule, at least four iron deficiency anemia screenings must be performed on a child between birth and age 21. The first screening occurs between age nine months and age 12 months (or earlier if medically indicated), the second between age one and age four, the third between age five and age 12, and the fourth between age 13 and age 20. This test can be administered more frequently when medically indicated. Anemia screening is included in the \$60.00 KIDMED screening fee when it is required according to the periodicity schedule and cannot be billed separately.

Urine screening

As shown on the periodicity schedule, at least three urine screenings must be performed on a child between birth and age 21. The screenings must occur at the following intervals: between age one and age four (as soon as the child is toilet trained); between age four and age 12; and between age 13 and age 20. You should use dip sticks to test urine samples. The dip sticks must measure pH, protein, blood, glucose, the presence of leukocytes, and nitrite levels. This test can be administered more frequently when medically indicated. Urine screening is included in the \$60.00 KIDMED screening fee when it is required according to the periodicity schedule and cannot be billed separately.

Lead poisoning screening

Federal regulations on lead toxicity screening have been revised after considering the October 1991 statement of the Centers for Disease Control (CDC), Public Health Service, Preventing Lead Poisoning in Young Children. The CDC statement lowered the blood lead threshold at which follow-up and interventions are recommended for children from 25 to 10 micrograms per deciliter ($\mu\text{g/dL}$). All children ages 6 months to 72 months are considered at risk and must be screened for lead poisoning.

Risk assessment

Every medical screening visit from 6 months of age to 72 months of age and any other associated visits must be used as an opportunity for anticipatory guidance and risk assessment for lead poisoning. At every medical screening visit, starting at 6 months of age, you must counsel the parents on prevention of childhood lead poisoning, discuss appropriate interventions, and assess the child's risk for lead exposure using the verbal risk assessment on page V-13 at a minimum. On the basis of responses to the questions on the verbal risk assessment, a child is categorized as low or high risk for lead exposure.

- If the answers to all questions are negative, a child is low risk for high doses of lead exposure but must receive blood lead screening by blood lead tests at 12 months and 24 months of age.
- If the answer to any question is positive, a child is considered high risk for high doses of lead exposure. A blood lead test must be obtained at the time a child is determined to be high risk.

The risk category determines the frequency of blood lead screening as described below. Subsequent verbal risk assessments may change a child's risk category. If as a result of a verbal risk assessment or other information conveyed during a screening visit a previously low risk child is recategorized as high risk, that child must be given a blood lead test.

Low risk

A child at low risk for lead exposure according to the verbal risk assessment must have a screening blood lead test at 12 months of age, preferably using a venous blood sample. If the result of the blood lead test is less than $10 \mu\text{g/dL}$ of whole blood, the child must be retested at 24 months of age. If the result of the 12-month blood lead test is $10\text{--}14 \mu\text{g/dL}$, the child must be retested every three to four months. If the results after two consecutive measurements are less than $10 \mu\text{g/dL}$ or after three consecutive measurements are less than $15 \mu\text{g/dL}$, the child must be retested in a year. If any blood lead test result is $15 \mu\text{g/dL}$ or greater, the child needs individual clinical management, which includes retesting at least every three to four months.

If a child between 12 and 72 months of age has not previously been tested for lead with the blood lead test, the child must receive it immediately, regardless of being determined by the verbal risk assessment to be at low or high risk.

High risk

A child at high risk for lead exposure must have a blood lead test beginning at 6 months of age, preferably using a venous blood sample. If a child is determined to be high risk at any time between 6 and 72 months of age, a screening blood lead test must be given at every visit in the KIDMED medical screening periodicity schedule to 72 months of age unless the child has received a lead blood test with a result of less than 10 $\mu\text{g/dL}$ within the last six months of a scheduled screening. A child must also be rescreened any time the history suggests lead exposure. A blood lead test result equal to or greater than 10 $\mu\text{g/dL}$ obtained by capillary specimen (finger stick) must be confirmed using a venous sample.

If a blood lead test result is 10-14 $\mu\text{g/dL}$, a child must be retested more frequently. Once two subsequent consecutive measurements are less than 10 $\mu\text{g/dL}$ or three are less than 15 $\mu\text{g/dL}$, testing frequency can be decreased to every periodic screening.

A child with a blood lead level of 15-19 $\mu\text{g/dL}$ must be screened every three to four months. You must give the family detailed health education and nutrition counseling. You must also take a detailed environmental history to identify any obvious sources or pathways of lead exposure. When the venous blood lead level is in this range in two consecutive tests three to four months apart, you must contact the local health unit to request an environmental investigation.

A child with a blood lead level of 20 $\mu\text{g/dL}$ or greater must be given the highest priority. If the venous blood lead level is confirmed to be 20 $\mu\text{g/dL}$ or greater, the child must be referred for full medical, environmental, and nutritional testing, and interventions immediately. Such children must continue to receive venous blood lead tests every three to four months or more often if indicated.

A child with a blood lead level of 45 $\mu\text{g/dL}$ or greater must receive urgent medical and environmental follow-up, preferably at a clinic with a staff experienced in dealing with this disease. Symptomatic lead poisoning or a blood lead concentration of 70 $\mu\text{g/dL}$ or greater is a medical emergency, requiring immediate in-patient chelation therapy.

For more information, refer to the 1991 lead guidelines issued by the Centers for Disease Control, entitled *Preventing Lead Poisoning in Young Children*. You may obtain a copy of these guidelines from the Louisiana KIDMED office.

The lead screening is not included in the \$60.00 KIDMED screening fee. The lab that performs the test will bill for the service. Appendix 25 depicts the lead screening protocol.

LEAD POISONING RISK ASSESSMENT QUESTIONNAIRE

Please answer each question regarding your child _____

Name of Child _____

1. Does your child live in or regularly visit a house built before 1960?
Was your child's day care center, preschool, or babysitter's home
built before 1960? Does the house have peeling or chipping paint?
2. Does your child live in or regularly visit a house built before 1960
with recent, ongoing, or planned renovation or remodeling?
3. Have any of your children or their playmates had lead poisoning?
4. Does your child live with or frequently come in contact with an adult
who works with lead? Examples are construction, welding, pottery,
ceramics, or other trades in your community.
5. Does your child live near an active lead smelter, battery recycling
plant, or other industry likely to release lead?
6. Do you give your child any folk remedies that may contain lead?
7. Does your child live near a heavily traveled major highway where soil
and dust may be contaminated with lead?
8. Does your home's plumbing have lead pipes or copper with lead
solder joints?

Yes	No

Signature

Date

Relationship to Child

Who can conduct laboratory tests?

Iron deficiency anemia screening and urine dip stick testing must be done in-house at the time of the age-appropriate medical screening. Blood must be drawn in-house for the neonatal and lead screenings and tested by a Medicaid-approved lab (see Appendix 2 for listing). Approval to use other labs must be requested from the Louisiana KIDMED office. The child cannot be referred off-site to have blood drawn. Licensed laboratory technicians may perform laboratory procedures. In addition to licensed physicians, certified physician assistants, and registered nurses, licensed practical nurses, technicians, or aides may also perform finger pricks for blood samples and dip stick urine testing. Only licensed physicians, certified physician assistants, registered nurses, licensed practical nurses, and licensed technicians, in accordance with applicable State law, may perform venapunctures for blood samples.

Health education

Health education is designed to help children and their parents or guardians understand the health status of the child as well as to provide information which emphasizes health promotion and preventive strategies. Health education explains the benefits of a healthy lifestyle, prevention of disease and accidents, and normal growth and development. It must be age-appropriate and culturally sensitive. In addition, it must be appropriate to the child's medical, developmental, and social circumstances. Health education must be provided at and is an important part of every medical screening visit. School-age children must receive health education that emphasizes healthy lifestyles and encourages them to accept responsibility for decisions concerning their own health.

You must give more intensive health education to adolescents age 12 through 20 at every medical screening visit. In addition to general health and medical information, this must cover psychological, emotional, reproductive, and substance abuse issues.

Health education has two components--anticipatory guidance and interpretive conference:

- **Anticipatory guidance**--This provides general age-appropriate, health-related information to the parents or guardians and/or child. It emphasizes health promotion and preventive strategies. It is given in anticipation of health problems or decisions that might occur before the next periodicity visit. Topics may be discussed in groups or individually. The exact approach, priority, and time allotted to any one topic will depend on the child's or adolescent's needs, your judgment, and individual circumstances. Appendix 17 contains a list of recommended age-related topics to be used as a guideline by providers. You

should select topics based on the needs of the individual child. Appendix 18 contains more detailed guidelines for adolescent health education, including a suggested questionnaire for use in determining topic priorities.

Interpretive conference—You must share the results of the medical screening and laboratory tests, review the child's health status, discuss any specific medical problems detected in the screening, and explain the need for referral one-on-one with the parents or guardians or directly with the older adolescent. Confidentiality must be assured. If the parents or guardians are not present during the medical screening, you must discuss the screening results with them by telephone or contact the parents or guardians by letter to request an opportunity for discussion. If neither method of contact is successful, you must make a home visit to the parents or guardians. A face-to-face interpretive conference is required by federal regulation. The conference may be held in a setting other than the child's home if agreeable to the parents or guardians. Contacting the parents or guardians should be based on medical judgment if you shared the results directly with the older adolescent.

In instances where no suspected conditions or problems are identified at the screening and there is no need for a referral, you may provide age-appropriate anticipatory guidance and inform the parents or guardians that the screening results were normal by letter or by phone.

Who can conduct health education?

The anticipatory guidance may be provided by a licensed physician, certified physician assistant, registered nurse, health educator, or other medical personnel who have appropriate training in health education. The interpretive conference must be held by a licensed physician, certified physician assistant, or registered nurse.

KIDMED scheduling assistance

This subsection describes how the Louisiana KIDMED office can assist you with scheduling medical screening appointments for beneficiaries who have chosen you as their medical screening provider. During the clinical site review for initial conditional enrollment, Louisiana KIDMED staff will ask you how many eligible beneficiaries you wish to accommodate. The Louisiana KIDMED office will assure that this number is not exceeded.

Scheduling options for screening

As a KIDMED medical screening provider, you are responsible for performing medical screenings according to the periodicity schedule for children under 12 months of age whose parents or guardians have chosen you as their screening provider. The Louisiana KIDMED office will send you a report listing beneficiaries who have chosen you and are linked to you as their medical screening provider and when they are due for screenings. This report described on page V-18 and in Appendix 20 will be sent to you at the beginning of each month.

- Be sure to contact the Louisiana KIDMED office immediately if you are unable to screen those children who have chosen you and appear on your list. If you do not make a reasonable effort to screen them according to the periodicity schedule, those children may be reassigned to other enrolled KIDMED providers, or your participation in KIDMED screening may be limited or discontinued.

You may choose to schedule your own screening appointments or you may choose to have the Louisiana KIDMED office schedule your screening appointments. You may change your scheduling option with a 30-day advance notification to the Louisiana KIDMED office. Your scheduling options are explained in detail on the next page.

Option #1: Scheduling your own screening appointments

If you elect to schedule screening appointments yourself, you are responsible for scheduling the screening within the designated screening period. You must also reschedule missed appointments to ensure that these children are screened within the mandatory periodicity time frame. Two good faith efforts to follow up and reschedule each screening appointment are required. A good faith effort is a successful contact by telephone or letter to the parents or guardians. These efforts must be documented in the medical record or other appropriate source. You also must have an adequate tickler or follow-up system to identify and schedule the next screening due for children under 12 months of age. The next screening due date must be entered in the medical record.

If you are a CommunityCARE or Continuing Care provider, you are responsible for scheduling screening appointments and rescheduling missed screening appointments in accordance with the above procedures for all children identified by the Louisiana KIDMED office as linked to you.

The Louisiana KIDMED office will send appointment reminder letters and make telephone calls to beneficiaries if you wish this done by KIDMED staff. See instructions to the RS-0-07 and EP-0-10 on pages V-18 and V-19 for a description of this service. Contact your KIDMED Provider Relations Coordinator to obtain more information or request this service.

Option #2: Requesting Louisiana KIDMED schedule screening appointments for you

You may choose to have the Louisiana KIDMED office schedule your screening appointments on children 12 months of age and older if you are not an enrolled CommunityCARE or Continuing Care provider. If you elect this option, you must complete a simple questionnaire for Louisiana KIDMED. Your completed questionnaire gives the Louisiana KIDMED office the following information:

- The days of the week and the times that you wish to allocate to KIDMED screenings
- The date you wish to begin screenings
- The number of appointments you wish per hour
- The maximum number of appointments you will take per day
- Holidays on which you do not wish to schedule appointments

The Louisiana KIDMED office will use this information to coordinate your screening schedule. You must give the Louisiana KIDMED office at least 30 days advance notice if you wish to change your screening schedule. You may do this by calling Louisiana KIDMED at 1-800-259-8000 (or 928-9683 in Baton Rouge) or notifying them by mail.

The Louisiana KIDMED office will contact the beneficiary to arrange an appointment within the designated screening period. The Louisiana KIDMED office will also mail a letter to the beneficiary confirming the date and time of the screening appointment. A sample of the letter is shown in Appendix 19. The letter also includes information on what the beneficiary should bring to the screening appointment. In addition, it advises the beneficiary to contact Louisiana KIDMED immediately if the appointment must be rescheduled. The Louisiana KIDMED office will in turn notify you immediately if the beneficiary requests to reschedule. Louisiana KIDMED will also telephone the beneficiary shortly before the appointment date as a final reminder. During this telephone conversation, Louisiana KIDMED will encourage the beneficiary to keep the screening appointment and will make necessary transportation arrangements.

KIDMED client service workers will also call those beneficiaries who have possibly missed their scheduled screening appointments. A list (EP-0-21) is generated which shows those beneficiaries for whom the Louisiana KIDMED office has scheduled appointments but on whom screening claims have not been received. This list is used to call the beneficiary to verify if the screening appointment was kept and to educate them on the necessity of keeping scheduled appointments. When requested by you, the Louisiana KIDMED office will reschedule the missed appointments.

KIDMED beneficiary reports for providers

The Louisiana KIDMED office will send you monthly and weekly computer-generated lists to facilitate scheduling of screening appointments for KIDMED beneficiaries who have chosen you as their medical screening provider. Appendix 20 contains samples of the lists and instructions for their use. Each list is described briefly below.

- **Screening Provider Beneficiary Report (RS-O-7)**--This is a comprehensive listing of beneficiaries in alphabetical order who have chosen you as their medical, vision, or hearing screening provider. In addition to those beneficiaries currently needing a screening, it includes those who are up-to-date with their screenings and are due for a screening in a future period. It is mailed to you at the end of each month for the upcoming month. Key items on this report include:
 - **Last Date Screened**--This date is based upon paid screening claims. This last screening may have been done by you as the current screening provider or by the previous screening provider.
 - **Next Screening Period**--These are the inclusive dates during which the next screening is due. The next medical screening is to take place within these dates.

Those screenings indicating ***INITIAL SCREEN REQUIRED*** are in need of an initial screening. The Louisiana KIDMED office records indicate that these beneficiaries have not had a screening in recent history and must receive a medical screening as soon as possible. These beneficiaries will also appear on the weekly New Recipient Report described below.

- **Appointment Date and Time Given Beneficiary**--The list also serves as a "turn-around" document to provide the Louisiana KIDMED office with information on your screening appointments. If you wish the Louisiana KIDMED office to send appointment reminder letters and make appointment reminder telephone calls, you must enter the screening appointment date and time for each beneficiary scheduled for screening in the report month and mail the completed pages of the report back to the Louisiana KIDMED office immediately. The Louisiana KIDMED office must receive the appointment information at least two weeks prior to the next scheduled appointment. Do not return the report if you do not wish the Louisiana KIDMED office to provide these services.

- **New Recipient And Missed Screening List (EP-0-10)**--This is a weekly list of new beneficiaries who have chosen you as their screening provider. It gives identifying information on each beneficiary, including the date by which a timely screening must occur. It is also a "turn-around" document that lists those beneficiaries for whom a claim has not been received by the Louisiana KIDMED office within 60 days of the scheduled appointment. Rescheduling is required by you or the Louisiana KIDMED office for those beneficiaries who actually missed their screening appointment. You must enter the

screening appointment dates and times on the list and return it to the Louisiana KIDMED office at the end of the week.

Client service workers at the Louisiana KIDMED office will also contact new beneficiaries who require an initial screening to determine if they have made an appointment. If they have, the KIDMED client service worker will again encourage them to keep their appointments. The Louisiana KIDMED office schedules initial appointments whenever possible.

• **Provider Scheduling List (EP-0-21)**—This list is sent to you on a weekly basis only if you choose to have KIDMED schedule appointments for you. For each beneficiary, it gives identifying information and the date and time of the screening appointment scheduled by the Louisiana KIDMED office in the following week. It is also a "turn-around" document. You must indicate whether or not a screening was performed. If the screening was not performed, you must give the reason and the next appointment date and time, if you rescheduled. You must return the list to the Louisiana KIDMED office at the end of the week.

Interperiodic medical screening

You may perform an interperiodic medical screening that is medically necessary and is provided in addition to a regular periodic medical screening. Any medical provider or qualified health, developmental, or educational professional who comes into contact with the child outside of the formal health care system may request an interperiodic medical screening. Examples of organizations whose professionals might make these requests include early intervention or special education programs like Child Search and ChildNet.

An interperiodic medical screening requires a complete unclothed physical exam or assessment, health and history update, measurements, health education, and other age-appropriate procedures. Medically necessary laboratory, radiology, or other procedures may also be performed and should be billed separately. You must document the reason for the interperiodic medical screening in the medical record. You are responsible for scheduling interperiodic medical screenings. Information regarding interperiodic medical screenings will not appear on reports from the Louisiana KIDMED office.

Here are the procedure codes and fees that apply to interperiodic medical screenings:

Interperiodic medical screening by a licensed physician or certified physician assistant

99391	Infant (under age 1)	\$32.00
99392	Early childhood (age 1-4)	\$32.00
99393	Late childhood (age 5-11)	\$32.00
99394	Adolescent (age 12-17)	\$45.00
99395	Adult (age 18-21)	\$45.00

Interperiodic medical screening by a registered nurse

X9004	Child (birth-age 12)	\$32.00
X9005	Child (age 13-21)	\$45.00

The above procedure codes should not be used if a physical examination or assessment was not done.

Interperiodic medical screenings and other non-screening procedures must be billed on the HCFA 1500 claim form, not the KIDMED Screening Claim Form, and submitted directly to the Fiscal Intermediary.

Questions related to interperiodic medical screenings should be directed to the Louisiana KIDMED office at 1-800-259-8000 or 926-9683 in Baton Rouge. Questions regarding denied interperiodic claims should be directed to the Provider Relations Department of the Fiscal Intermediary at 1-800-473-2783 (or 924-7051 in Baton Rouge).

VI. CONDUCTING THE OBJECTIVE VISION SCREENING

VI. Conducting the Objective Vision Screening

All Medicaid-eligible children must receive vision screenings. The purpose is to detect potentially blinding diseases and visual impairments, such as congenital abnormalities and malformations, eye diseases, strabismus, amblyopia, refractive errors, and color blindness. Vision screenings have two components—subjective screening and objective screening. The subjective screening is part of the comprehensive history and physical exam or assessment discussed earlier in the medical screening section. As part of the subjective vision screening component, the history must include any eye disorders of the child or his or her family, a history of any systemic diseases of the child or his or her family which involve the eyes or affect vision, a history of the child's behavior that may indicate the presence or risk of eye problems, and a history of the child's medical treatment for any eye conditions.

This section addresses the objective vision screening component only. Remember that the objective component does not replace the subjective component but must be done in addition to it. Medicaid reimbursement for an objective vision screening is \$4.00. This screening must be billed on the KM-3 form and submitted directly to the Louisiana KIDMED office.

Objective vision screening must include visual acuity, color perception, and muscle balance tests. Visual acuity tests must make use of the Snellen Test or Allen Cards for preschoolers. Equivalent tests such as Timmus, HOTV or Good Light, or Keystone Telebinocular must be used for older children. The muscle balance test must include testing of convergence, eye alignment, tracking, and a cover-uncover test. A color perception screening using polychromatic plates by Ishihara, Stilling, or Hardy-Rand-Ritter must be performed at least once after the child reaches the age of 6. If you are a medical screening provider, the status of your equipment and the appropriateness of your maintenance procedures will be reviewed during the initial site review for conditional enrollment. If you are not a medical screening provider, you must submit evidence of your equipment and your maintenance procedures in order to enroll. Your equipment and procedures will then be reviewed during the follow-up review visit six months after your conditional enrollment, as described in Section III, and during the annual site review, as described in Section IX.

Who can conduct the objective vision screening?

The objective vision screening must be conducted by a licensed physician, certified physician assistant, registered nurse, or optometrist, provided the designated individual has been trained in conducting vision screenings.

KIDMED scheduling assistance

As a KIDMED vision screening provider, you are responsible for performing vision screenings according to the periodicity schedule for children whose parents or guardians have chosen you as their screening provider. This must be done concurrently with the medical screening if you are a medical and vision screening provider. The Louisiana KIDMED office will send you a report listing beneficiaries who have chosen you and are linked to you as their vision screening provider and the time periods when they are due for screening. This report described on page VI-4 and in Appendix 20 will be sent to you at the beginning of each month.

- Be sure to contact the Louisiana KIDMED office immediately if you are unable to screen those children who have chosen you and appear on your list. If you do not make a reasonable effort to screen them according to the periodicity schedule, those children may be reassigned to other enrolled KIDMED providers, or your participation in KIDMED screening may be limited or discontinued.

You may choose to schedule your own screening appointments or you may choose to have the Louisiana KIDMED office schedule your screening appointments. You may change your scheduling option with a 30-day advance notification to the Louisiana KIDMED office. Each option is explained in detail below.

Option #1: Scheduling your own screening appointments

If you elect to schedule screening appointments yourself, you are responsible for scheduling the screening within the designated screening period. You must contact the beneficiary and schedule the appointment. You must also reschedule missed appointments to ensure that these children are screened within the mandatory periodicity time frame. Two good faith efforts to follow up and reschedule missed screening appointments are required. A good faith effort is a successful contact by telephone or letter to the parents or guardians. These efforts must be documented in the medical record or other appropriate source. You must also have an adequate tickler or follow-up system to identify and schedule the next screening due for children linked to you. The next screening due date must be entered in the medical record.

If you are a CommunityCARE or Continuing Care provider, you are responsible for scheduling screening appointments and rescheduling missed appointments in accordance with the above procedures for all children identified by the Louisiana KIDMED office as linked to you.

Option #2: Requesting Louisiana KIDMED schedule screening appointments for you

You may choose to have the Louisiana Kidmed office schedule your screening appointments if you are not an enrolled CommunityCARE or Continuing Care provider. If you elect this option, you must complete a simple questionnaire for the Louisiana KIDMED office. Your completed questionnaire gives KIDMED the following information:

1. the days of the week and the times that you wish to allocate to KIDMED screenings
2. the date you wish to begin screenings
3. the number of appointments you wish per hour
4. the maximum number of appointments you will take per day
5. holidays on which you do not wish to schedule appointments

The Louisiana KIDMED office will use this information to coordinate your screening schedule. You must give the KIDMED office at least 30 days advance notice if you wish to change your screening schedule. You may do this by calling the Louisiana KIDMED office at 1-800-259-8000 (or 928-9683 in Baton Rouge) or notifying the Louisiana KIDMED office by mail.

The Louisiana KIDMED office will contact the beneficiary to arrange an appointment within the designated screening period. The KIDMED office will mail a letter to the beneficiary confirming the date and time of the screening appointment. A sample of the letter is shown in Appendix 19. The letter also includes information on what the beneficiary should bring to the screening appointment. In addition, it advises the beneficiary to contact the Louisiana KIDMED office immediately if the appointment must be rescheduled. The KIDMED office will in turn notify you immediately if the beneficiary requests to reschedule. The KIDMED office will also telephone the beneficiary shortly before the appointment date as a final reminder. During this telephone conversation, the Louisiana KIDMED office will encourage the beneficiary to keep the screening appointment and will make necessary transportation arrangements.

KIDMED beneficiary reports for providers

The Louisiana KIDMED office will send you monthly and weekly computer-generated lists to facilitate scheduling of screening appointments for KIDMED beneficiaries who have chosen you as their vision screening provider. Appendix 20 contains samples of the lists and instructions for their use. Each list is described briefly below.

• **Screening Provider Beneficiary Report (RS-O-7)**--This is a comprehensive listing of beneficiaries in alphabetical order who have chosen you as their screening provider. In addition to those beneficiaries currently needing a screening, it includes those who are up-to-date with their screenings and are due for a screening in a future period. It is mailed to you at the end of each month for the upcoming month.

Key items on this report include:

-- **Last Date Screened**--This date is based upon paid screening claims. This vision screening may have been done by you as the current provider or by the previous screening provider.

-- **Next Screening Period**--These are the inclusive dates during which the next screening is due. The next screening is to take place within these dates.

Those screenings indicating *INITIAL SCREEN REQUIRED* are in need of an initial screening. The Louisiana KIDMED office records indicate that these beneficiaries have not had a screening in recent history and must receive a screening as soon as possible. These beneficiaries will also appear on the weekly New Recipient Report described below.

-- **Appointment Date and Time Given Beneficiary**--The list also serves as a "turn-around" document to provide the Louisiana KIDMED office with information on your screening appointments. If you wish the Louisiana KIDMED office to send appointment reminder letters and make appointment reminder telephone calls, you enter the screening appointment date and time for each beneficiary scheduled for screening in the report month and mail the completed pages of the report back to the Louisiana KIDMED office immediately. Do not return the report if you do not wish the Louisiana KIDMED office to provide these services.

• **New Recipient And Missed Screening List (EP-0-10)**--This is a weekly list of new beneficiaries who have chosen you as their vision screening provider. It gives identifying information on each beneficiary, including the date by which a timely screening must occur. It is also a "turn-around" document that lists those beneficiaries who have missed screening appointments requiring rescheduling by the Louisiana KIDMED office or by you. You must enter the screening appointment dates and times on the list and return it to the Louisiana KIDMED office at the end of the week.

Client service workers at the Louisiana KIDMED office will also contact new beneficiaries who require an initial screening to determine if they have made an appointment. If they have, the KIDMED client service worker again will encourage them to keep their appointments. The Louisiana KIDMED office schedules initial appointments whenever possible.

- **Provider Scheduling List (EP-O-21)**--This list is sent to you on a weekly basis only if you choose to have KIDMED schedule appointments for you. For each beneficiary, it gives identifying information and the date and time of the screening appointment scheduled by the Louisiana KIDMED office in the following week. It is also a "turn-around" document. You must indicate whether or not a screening was performed. If the screening was not performed, you must give the reason and the next appointment date and time, if you rescheduled. You must return the list to the Louisiana KIDMED office at the end of the week.

Interperiodic objective vision screening

You may perform an interperiodic vision screening that is medically necessary and is provided in addition to a regular periodic vision screening. Any medical provider or qualified health, developmental, or educational professional who comes into contact with the child outside of the formal health care system may request an interperiodic objective vision screening. Examples of organizations whose professionals might make these requests include early intervention or special education programs like Child Search and ChildNet. An interperiodic vision screening must contain the same components as an objective periodic vision screening.

You must document the reason for the interperiodic vision screening in the medical record. You are responsible for scheduling interperiodic vision screenings. Information regarding interperiodic vision screenings will not appear on reports from the Louisiana KIDMED office.

The procedure code and fee for an interperiodic vision screening are:

X9007	Objective vision screening	\$4.00
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Interperiodic vision screening must be billed on the HCFA 1500 claim form, not the KIDMED Screening Claim Form, and submitted directly to the Fiscal Intermediary. Questions related to billing interperiodic vision screening should be directed to the Louisiana KIDMED office at 1-800-259-8000 or 928-9683 in Baton Rouge. Questions regarding denied interperiodic claims should be directed to the Provider Relations Department of the Medicaid Intermediary at 1-800-473-2783 (or 924-7051 in Baton Rouge). Other questions regarding vision screening should be directed to the Louisiana KIDMED office.

VII. CONDUCTING THE OBJECTIVE HEARING SCREENING

VII. Conducting the Objective Hearing Screening

All Medicaid-eligible children must receive hearing screenings. The purpose is to detect central auditory problems, sensorineural hearing loss, conductive hearing impairments, congenital abnormalities, or a history of conditions which may increase the risk of potential hearing loss. Like the vision screenings discussed in Section VI, hearing screenings have two components—subjective screening and objective screening. The subjective screening is part of the comprehensive history and physical exam or assessment discussed earlier in the medical screening section. As part of the subjective hearing screening component, the history must include information about the child's response to voices and other auditory stimuli, delayed speech development, chronic or current otitis media, or other health problems that place the child at risk for hearing loss or other hearing impairments.

This section addresses the objective hearing screening component only. Remember that the objective component does **not** replace the subjective component but must be done in addition to it. Medicaid reimbursement for an objective hearing screening is \$4.00. This screening must be billed on the KM-3 form and submitted directly to the Louisiana KIDMED office.

- Objective hearing screening begins at age four. Objective hearing screening performed prior to age four will not be reimbursed by Medicaid.

Objective hearing screening must test at 1000, 2000, and 4000 Hz at 20 decibels for each ear, using the puretone audiometer, Welsh Allyn audioscope, or other approved instrument. Remember that these instruments must be properly maintained and calibrated annually. If you are also a medical screening provider, the status of your equipment and the appropriateness of your maintenance procedures will be reviewed during the initial site visit for conditional enrollment. If you are not a medical screening provider, you must submit evidence of your equipment and your maintenance procedures in order to enroll. Your equipment and procedures will then be reviewed during the follow-up review six months after your conditional enrollment, as described in Section III, and during the annual site review visit, as described in Section IX.

Who can conduct the objective hearing screening?

The objective hearing screening must be conducted by a licensed physician, certified physician assistant, registered nurse, licensed audiologist, or licensed speech pathologist, provided the designated individual has been trained in conducting hearing screenings. Audiologists and speech pathologists must be certified by the American Speech and Hearing Association or have equivalent qualifications.

KIDMED scheduling assistance

As a KIDMED hearing screening provider, you are responsible for performing hearing screenings according to the periodicity schedule for children whose parents or guardians have chosen you as their screening provider. This should be done concurrently at the time of the medical screening if you are a medical and hearing screening provider. The Louisiana KIDMED office will send you a report listing beneficiaries who have chosen you and are linked to you as their hearing screening provider and when they are due for screening. This report described on page VI-3 and in Appendix 20 will be sent to you at the beginning of each month.

- Be sure to contact KIDMED immediately if you are unable to screen those children who have chosen you and appear on your list. If you do not make a reasonable effort to screen them according to the periodicity schedule, those children may be reassigned to other enrolled KIDMED providers, or your participation in KIDMED screening may be limited or discontinued.

You may choose to schedule your own screening appointments or you may choose to have the Louisiana KIDMED office schedule your screening appointments. You may change your scheduling option with a 30-day advance notification to KIDMED. Each option is explained in detail below.

Option #1: Scheduling your own screening appointments

If you elect to schedule screening appointments yourself, you are responsible for scheduling the screening within the designated screening period. You must contact the beneficiary and schedule the appointment. You must also reschedule missed appointments to ensure that these children are screened within the mandatory time frame. Two good faith efforts to reschedule missed appointments are required. A good faith effort is a successful contact by telephone or letter to the parents or guardians. These efforts must be documented in the medical record or other appropriate source. You must have an adequate tickler or follow-up system to identify and schedule the next screening due for children linked to you. The next screening due date must be entered in the medical record.

If you are a CommunityCARE or a Continuing Care provider, you are responsible for scheduling screening appointments and rescheduling missed appointments in accordance with the above procedures for all children identified by the Louisiana KIDMED office as linked to you.

Option #2: Requesting Louisiana KIDMED schedule screening appointments for you

You may choose to have the Louisiana KIDMED office schedule your screening appointments if you are not an enrolled CommunityCARE or Continuing Care provider. If you elect this option, you must complete a simple questionnaire for KIDMED. Your completed questionnaire gives KIDMED the following information:

- The days of the week and the times that you wish to allocate to KIDMED screenings
- The date you wish to begin screenings
- The number of appointments you wish per hour
- The maximum number of appointments you will take per day
- Holidays on which you do not wish to schedule appointments

The Louisiana KIDMED office will use this information to coordinate your screening schedule. You must give the KIDMED office at least 30 days advance notice if you wish to change your screening schedule. You may do this by calling the Louisiana KIDMED office at 1-800-259-8000 (or 928-9683 in Baton Rouge) or notifying KIDMED by mail.

The Louisiana KIDMED office will contact the beneficiary to arrange an appointment within the designated screening period. The KIDMED office will mail a letter to the beneficiary confirming the date and time of the screening appointment. A sample of the letter is shown in Appendix 19. The letter also includes information on what the beneficiary should bring to the screening appointment. In addition, it advises the beneficiary to contact the Louisiana KIDMED office immediately if the appointment must be rescheduled. The KIDMED office will in turn notify you immediately if the beneficiary requests to reschedule. KIDMED will also telephone the beneficiary shortly before the appointment date as a final reminder. During this telephone conversation, the Louisiana KIDMED office will encourage the beneficiary to keep the screening appointment and will make necessary transportation arrangements.

KIDMED beneficiary reports for providers

The Louisiana KIDMED office will send you monthly and weekly computer-generated lists to facilitate scheduling of screening appointments for KIDMED beneficiaries who have chosen you as their hearing screening provider. Appendix 20 contains samples of the lists and instructions for their use. Each list is described briefly below.

- **Screening Provider Beneficiary Report (RS-0-7)**—This is a comprehensive listing of beneficiaries in alphabetical order who have chosen you as their screening provider. In addition to those beneficiaries currently needing a screening, it includes those who are up-to-date with their screenings and are due for a screening in a future period. It is mailed to you at the end of each month for the upcoming month.

Key items on this report include:

- **Last Date Screened**--This date is based upon paid screening claims. This screening may have been done by you as the current provider or by the previous screening provider.
- **Next Screening Period**--These are the inclusive dates during which the next screening is due. The next screening is to take place within these dates.

Those screenings indicating ***INITIAL SCREEN REQUIRED*** are in need of an initial screening. The Louisiana KIDMED office records indicate that these beneficiaries have not had a screening in recent history (according to paid claims) and must receive a screening as soon as possible. These beneficiaries will also appear on the weekly New Recipient and Missed Screening List described below.

- **Appointment Date And Time Given Beneficiary**--This list also serves as a "turn-around" document to provide the Louisiana KIDMED office with information on your screening appointments. If you wish the Louisiana KIDMED office to send appointment reminder letters and make appointment reminder telephone calls, you enter the screening appointment date and time for each beneficiary scheduled for screening in the report month and mail the completed pages of the report back to the Louisiana KIDMED office immediately. Do not return the report if you do not wish the Louisiana KIDMED office to provide these services.
- **New Beneficiary And Missed Screening List (EP-O-10)**--This is a weekly list of new beneficiaries who have chosen you as their screening provider. It gives identifying information on each beneficiary, including the date by which a timely screening must occur. It is also a "turn-around" document that lists those beneficiaries who have missed screening appointments requiring rescheduling by the Louisiana KIDMED office or by you. You must enter the screening appointment dates and times on the list and return it to the Louisiana KIDMED office at the end of the week.

Client service workers at the Louisiana KIDMED office will also contact new beneficiaries who require an initial screening to determine if they have made an appointment. If they have, the client service worker again encourages them to keep their appointments. The Louisiana KIDMED office schedules initial appointments whenever possible.

- **Provider Scheduling List (EP-O-21)**--This list is sent to you on a weekly basis only if you choose to have KIDMED schedule appointments for you. For each beneficiary, it gives identifying information and the date and time of the screening appointment scheduled by the Louisiana KIDMED office in the following week. It is also a "turn-around" document. You must indicate whether or not a screening was performed. If the screening was not performed, you must give the reason and the next appointment date and time, if you rescheduled. You must return the list to the Louisiana KIDMED office at the end of the week.

Interperiodic objective hearing screening

You may perform an interperiodic hearing screening that is medically necessary and is provided in addition to a regular periodic hearing screening. Any medical provider or qualified health, developmental, or educational professional who comes into contact with the child outside of the formal health care system may request an interperiodic hearing screening. Examples of organizations whose professionals might make these requests include early intervention or special educational programs like Child Search and ChildNet. An interperiodic hearing screening must contain the same components as an objective periodic hearing screening.

You must document the reason for the interperiodic hearing screening in the medical record. You are responsible for scheduling interperiodic hearing screenings. Information regarding interperiodic hearing screenings will not appear on reports from the Louisiana KIDMED office.

The procedure code and fee for an interperiodic objective hearing screening are:

92551	Objective hearing screening	\$4.00
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Interperiodic hearing screening must be billed on the HCFA 1500 claim form, not the KIDMED Screening Claim Form, and submitted directly to Fiscal Intermediary. Questions related to interperiodic hearing screenings should be directed to the Louisiana KIDMED office at 1-800-259-8000 or 928-9683 in Baton Rouge. Questions regarding denied interperiodic claims should be directed to the Provider Relations Department of the Medicaid Fiscal Intermediary at 1-800-473-2783 (or 924-7051 in Baton Rouge).

**VIII. PROVIDING OR REFERRING FOR DIAGNOSIS
AND INITIAL TREATMENT**

VIII. Providing or Referring for Diagnosis and Initial Treatment

One of the purposes of KIDMED screening services is to assure that health problems are found, diagnosed, and treated early before they become more serious and their treatment more costly. Federal EPSDT regulations provide for Medicaid coverage of "any service necessary to treat or ameliorate a problem, physical or mental illness, or a condition identified in an initial, periodic or interperiodic screening." The Louisiana Medicaid Program may place appropriate limits on certain EPSDT services provided to beneficiaries under age 21 based on medical necessity.

This section describes your responsibilities for identifying suspected conditions during screening and for providing or referring beneficiaries for diagnosis, initial treatment, and other health services. It also explains KIDMED's referral assistance and referral tracking systems. In addition, it identifies selected follow-up services that may be necessary and lists maximum fees for these services.

Identifying suspected conditions

As a medical, vision, or hearing screening provider, you must identify any general suspected conditions found in screening a child. You must report the presence, nature, and status of the suspected conditions in items 31 and 32 on the KIDMED Screening Claim Form. Page X-7 contains instructions for completing these items. You must provide this information to comply with Federal EPSDT reporting requirements.

Diagnosis

When a medical, vision, or hearing screening indicates the need for further diagnosis or evaluation of a child's health, the child must receive a complete diagnostic evaluation within 60 days of the screening. The diagnosis may be performed by a licensed physician, other licensed practitioner, or facility qualified to diagnose and evaluate physical or mental health illnesses or conditions in accordance with applicable State law and Medicaid regulations. If you are not a physician and you screened the child, you must refer the child to a licensed physician for a complete examination, if applicable.

Diagnostic services include, but are not limited to, the following:

- Physical examinations
- Dental examinations
- Developmental assessments
- Mental health evaluations
- Laboratory tests
- X-rays

An infant or toddler who meets or may meet the medical or biological eligibility criteria for ChildNet must be referred to the local Child Search Coordinator within two working days of the screening. In addition, the infant or toddler must be referred promptly to a physician for a comprehensive examination as part of the ChildNet assessment if the infant or toddler was not screened by a physician. The examination must be performed within 45 days of the referral to ChildNet.

Initial treatment

Medically necessary health care, initial treatment, or other measures needed to correct or ameliorate physical or mental illnesses or conditions discovered in a medical, vision, or hearing screening must be initiated within 60 days of the screening.

Treatment services include, but are not limited to, the following:

- Physician services
- Emergency and therapeutic dental or orthodontic care
- Services of a licensed optometrist, podiatrist, chiropractor, or psychologist
- Pediatric nurse practitioner services
- Nurse-midwife services
- Federally Qualified Health Center and rural health clinic services
- In-patient hospital care
- Out-patient hospital services
- Laboratory and X-ray services
- Diabetic supplies
- Eyeglasses
- Hearing aids
- Prosthesis and other durable medical equipment
- Physical, occupational, and speech therapies
- Skilled nursing facility services
- Family planning services
- Home health services
- Rehabilitative services (including psychiatric rehabilitation services)
- Respiratory care service for ventilator-dependent children
- Hospice care
- Case management services
- Mental health services (inpatient or outpatient clinic)

Other preventive health care

The child may receive other preventive health care services deemed medically necessary as a result of a medical, vision, or hearing screening. These services must be appropriate to the child's age, gender, health history, clinical assessment, and exposure to disease.

The services may include, but are not limited to, the following:

- Blood lipid screenings
- Tuberculosis tests (intradermal PPD only)
- Pinworm slides
- Urine cultures (for females)
- Serologic tests in sexually active adults
- Drug dependency screenings
- Stool specimens for parasites, ova, and blood
- Pregnancy tests
- Papanicolaou smears
- Family planning services
- Prenatal care services
- Other immunizations

Providing or referring for diagnosis, initial treatment, and other health services

When you detect a health or mental health problem in a medical, vision, or hearing screening, you must either provide the services indicated or make an appropriate referral for diagnosis and/or initial treatment without delay. You should make any necessary referrals at the time of screening, if possible. You must give the parents or guardians freedom of choice of providers of these services unless the child is under a continuing care agreement with you. Under a continuing care agreement, you must provide the diagnosis as well as the initial and ongoing treatment if these services are normally available in your practice.

You should not limit referrals for diagnosis and initial treatment solely to services covered by Medicaid or Medicaid-enrolled providers. For uncovered services, you should attempt to locate providers whose services are furnished at little or no expense to the family. You must advise the parents or guardians of any costs associated with uncovered services.

If you provide the diagnostic and/or initial treatment services, you are encouraged to do so at the screening appointment whenever possible. This is less costly. It also increases the likelihood that the child will receive the needed diagnosis and initial treatment. You are responsible for assuring that the necessary services are actually provided to the child within 60 days of the screening. If the child misses a diagnosis or initial treatment appointment with you, you must make at least two good faith efforts to reschedule within the 60-day timeframe. These efforts must be documented. You cannot charge the beneficiary for duplicating or mailing medical information to the referred-to provider. See Appendix 23 Referral for Diagnosis and Treatment Flow Chart.

Referral reporting requirements

You are required to complete referral information on offsite referrals in items 33 through 35 on the KIDMED Screening Claim Form. Pages X-7 and X-8 contain instructions for completing these items. This information includes appointment dates and times, the reason for the referral, and the name and

telephone number of the provider to whom the referral is made. As described below, KIDMED tracks all offsite and in-house referrals to assure that the child receives the necessary diagnosis and/or initial treatment within 60 days of the screening, as required by Federal regulation.

Medicaid reimbursement for diagnosis, treatment, and other health services

Medicaid reimburses providers for covered diagnosis, treatment, and/or other health services in accordance with applicable State law and Medicaid regulations. You may be reimbursed for medically necessary services performed on the same date as the screening, provided that these services do not duplicate required screening components.

- If you provide these services and are enrolled as a Medicaid provider, you must bill for them on the HCFA 1500 claim form and submit your claims directly to the Medicaid Fiscal Intermediary.

KIDMED referral assistance

If you do not know of any Medicaid-enrolled specialists or other appropriate referral sources near the child's home, you may call the Louisiana KIDMED office at 1-800-259-8000 or 928-9683 in Baton Rouge to request assistance in locating appropriate referral sources. The Louisiana KIDMED office maintains a computer file of referral physicians and other medical and mental health providers by specialty and parish. Alternatively, you may submit the KIDMED Screening Claim Form immediately, indicating in item 33, 34, and/or 35 that such assistance is needed. Pages X-7 and X-8 contain instructions for completing these items. Upon receipt of your completed claim form, the Louisiana KIDMED office will call you promptly and arrange to help you.

It remains your responsibility to discuss referral options with the parents or guardians. You may make the necessary arrangements directly with the referred-to provider chosen by the family, or you may ask the Louisiana KIDMED office for assistance in scheduling the appointment with that provider. You must obtain a signed release of information from the parents or guardians, forward necessary medical information to the referred-to provider, and request from the referred-to provider a report of the results of the examination or other services provided. You must follow up and verify that the child keeps the appointment and receives the services. This must be documented in the medical record. If the child misses the appointment, you must make at least two good faith efforts to reschedule and document these efforts.

If you request referral assistance from the Louisiana KIDMED office, you must notify them immediately by phone or through the KIDMED Screening Claim Form. You must provide the specific reasons for the referral (or the applicable ICDM-9 code) and indicate that scheduling assistance is needed. The Louisiana KIDMED office will contact the family to discuss referral options and make an appointment for the appropriate diagnosis and/or initial treatment with the provider chosen. The Louisiana KIDMED office will also make any necessary transportation arrangements. In addition, the Louisiana KIDMED office will notify you of the appointment made so that you can forward the necessary medical information

and request a report of the results of the examination or other services from the referral source. In the event that the appointment is missed, the Louisiana KIDMED office will make at least two good faith efforts to reschedule.

CommunityCARE and Continuing Care providers are responsible for the care management of the beneficiaries linked to them. Therefore, these providers are responsible for referral, scheduling, and follow-up on diagnosis and treatment for children linked to them.

KIDMED-referral tracking system

The Louisiana KIDMED office is responsible for following up to ensure that the services required for diagnosis or initial treatment of a problem, condition, or abnormality found in a medical, vision, or hearing screening are initiated within 60 days. The Louisiana KIDMED office is not responsible for arranging or tracking ongoing treatment. Diagnosis and/or treatment can only be considered initiated when the child actually appears at the provider's office for the requested services. It cannot be assumed that diagnosis or initial treatment was initiated on the date the appointment was scheduled.

The Louisiana KIDMED office enters in its information system the name of the referred-to physician or other referred-to provider and the date and time of the appointment for diagnosis and/or initial treatment. The Louisiana KIDMED office generates a monthly list to every referred-to provider showing the child's name and the date and time of the appointment. These providers are asked to annotate and return the list to KIDMED at the end of the week, indicating whether or not the referral appointment was kept and, if not, the reason why. The Louisiana KIDMED office also contacts each referred-to provider by telephone to determine if the child kept the appointment.

The Louisiana KIDMED office also attempts to refer children needing services not covered by Medicaid or for which there are no Medicaid-enrolled providers nearby. Under these circumstances, the Louisiana KIDMED office refers to providers willing to furnish uncovered diagnostic, treatment, or other health services at little or no cost.

Nursing, social worker, and nutritionist follow-up services

Medical, vision, or hearing screening findings may indicate the need for counseling, consultation, or other intervention by ancillary personnel, including registered nurses, certified physician assistants, licensed social workers, and registered dietitians, beyond the basic health education and anticipatory guidance components of the medical screening. These findings may involve a medical, developmental, mental health, or substance abuse problem or condition found in a screening or an ongoing problem or condition. These additional services must be provided in a face-to-face setting with the child, parents, or guardians. They may also be provided face-to-face with another professional in a school setting.

These services may be reimbursed by Medicaid if provided to prevent a specific health or mental health problem or condition, or to treat or alleviate an actual medical or mental health problem or condition. A child must have received an age-appropriate KIDMED screening in order for you to be reimbursed for these services. If you are not enrolled as a medical screening provider, you cannot use these procedure codes and be reimbursed for these services.

You must bill for these services separately on the HCFA 1500 claim form and submit the claim directly to the Medicaid Fiscal Intermediary.

- In order to bill for these services on a screening date, you must indicate at least one suspected condition in items 31 and 32 on the KIDMED Screening Claim Form.

The procedure codes, descriptions, and maximum fees for these services are shown below.

EPSDT follow-up procedure codes, descriptions, and maximum fees		
X0187	Individual counseling, consultation, or other direct intervention by a registered nurse or certified physician assistant. A nursing intervention is defined as a nursing action taken to prevent a potential health problem, or treat or alleviate an actual health problem.	\$15.71

- This procedure code may not be billed for preventive counseling, anticipatory guidance, or health education provided on the date of a medical screening by the same provider since these services are included in the screening fee. This procedure code also may not be billed on the same date that a physician's evaluation and management visit is billed by the same provider.

X0188	Counseling or consultation by a registered dietician or nutritionist	\$15.71
X0189	Counseling or consultation by a board-certified social worker (BCSW) or a Master's level social worker under BCSW supervision	\$15.71

EPSDT New Dx Not Identified at Screening Procedure codes, descriptions, and maximum fees		
X0180	Consultation - EPSDT - New Dx - By Nurse Individual counseling, consultation, or other direct intervention by a registered nurse or certified nurse assistant to address a <u>new</u> health problem not identified at screening. A nursing intervention is defined as a nursing action taken to prevent a potential health problem or treat or alleviate an actual health problem not identified at prior screenings.	\$15.71

✱ This procedure code may not be billed for preventive counseling, anticipatory guidance, or health education provided on the date of a medical screening by the same provider since these services are included in the screening fee. This procedure code also may not be billed on the same date that a physician's evaluation and management visit is billed by the same provider.

X0181	Consultation - EPSDT - New Dx - By Nutritionist Counseling or consultation by a registered dietician or nutritionist to address a <u>new</u> condition not previously identified at prior screenings.	\$15.71
X0182	Consultation - EPSDT - New Dx - By Social Worker Counseling or consultation by a board-certified social worker (BCSW) or a master's level social worker under BCSW supervision to address a <u>new</u> condition not previously identified at prior screenings.	\$15.71

The following procedure codes may be billed only by the Office of Public Health or the New Orleans Health Department:

Public health procedure codes, descriptions, and maximum fees		
X0194	On-site lead poisoning environmental follow-up and inspection by a health department sanitarian in the home of a Medicaid-eligible child diagnosed with lead poisoning NOTE: This does not include testing of a substance sent to a lab for analysis.	\$31.42
X0195	Diagnosis and/or treatment by a licensed physician after the screening date	\$35.60
X1195	Diagnosis and/or treatment by a licensed physician on the screening date	\$35.60
X0197	Children's Special Health Services Clinic visit by a licensed physician and a registered nurse	\$58.40

- ☐ This procedure code may not be used in combination with X0187 and X0180 (registered nurse counseling, consultation, or intervention). However, it may be billed in combination with X0188 (registered dietician or nutritionist counseling or consultation) or X0189 (counseling by a BCSW or Master's level social worker under BCSW supervision).

X1196	Special evaluation, speech and/or hearing, vision, or psychological	\$34.67
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- ☐ A speech and/or hearing evaluation must be performed by a licensed audiologist or licensed speech pathologist. Certification by The American Association of Speech and Hearing (ASHA) or equivalent certificate is also required. A vision evaluation must be performed by a licensed physician or optometrist. A psychological evaluation must be performed by a licensed psychologist.

IX. DOCUMENTATION AND MONITORING

IX. Documentation and Monitoring

This section describes the documentation you are required to maintain on Louisiana KIDMED medical, vision, and hearing screening services. It also explains KIDMED monitoring procedures and what you can expect during annual KIDMED site reviews to enrolled medical, vision, and hearing screening providers.

Keeping the appropriate documentation

You must retain copies of all KIDMED screening claims and other Medicaid claims for at least three years from the date the claim was paid. You must also maintain complete medical records on all children screened by you for at least three years from the date of service. Appropriate procedures and systems to ensure confidentiality must be in place. Medical records must contain the following:

- The date screening services were performed, the specific tests or procedures performed, the results of these tests and procedures, and the specific staff member who provided the service.
- Each required component of a medical, vision, and hearing screening must be documented separately.
- Documentation of medical contraindication or a written statement from a parent or a guardian on a child screened for whom immunizations were due and not given.
- Identification of any screening component not completed, the medical contraindication or other reason why it could not be completed, and attempts you made to complete the screening.
- Documentation of a medical contraindication or other reason for delay in vision or hearing screening if not performed on the same day as a medical screening when the child is linked to you for all screenings.
- Documentation of all missed appointments and of at least two good faith efforts to reschedule according to the periodicity schedule.
- Referrals you made for diagnosis, initial treatment, or other health services for conditions found in screenings.

Your documentation on referrals must include the date of the referral, the results of specific tests and procedures, and signed releases for information. If you made the referral yourself, your record must also include copies of medical reports or chart notes indicating that diagnosis or initial treatment was completed.

Appendix 7 shows the items the KIDMED Regional Nurse will check during the medical record reviews conducted during the six-month follow-up and annual site visits.

The Louisiana KIDMED monitoring program

The Louisiana Medicaid Program has established administrative procedures in accordance with the Federal statutes and regulations to assure a comprehensive child health program of prevention and treatment through Louisiana KIDMED. This program systematically:

- Seeks out eligible families and adequately informs them of the benefits of prevention and the health services and assistance available
- Helps eligible families use health resources effectively and efficiently
- Assesses eligible children's health needs through initial and periodic exams and assessments
- Assures that medically necessary diagnosis, treatment, and other health services are provided efficiently and in a timely manner, and that duplicated and unnecessary services are avoided
- Assures that KIDMED screening providers adhere to program policies and procedures

Louisiana KIDMED is responsible for assuring compliance with these EPSDT program objectives through its monitoring of KIDMED screening services. As a medical, vision, and/or hearing screening provider, you are monitored to assure compliance with your Medicaid and Louisiana KIDMED provider agreements as well as with the policies and procedures covered in this manual. Policy and procedure areas monitored include the medical appropriateness and accuracy of the screening services, physician direction, your marketing activities, timeliness of initial and periodic screenings, timeliness and accuracy of referrals and follow-up, timeliness of immunizations and follow-up, completeness and accuracy of medical records, timeliness and accuracy of your reports and billing, and the like.

Louisiana KIDMED uses information from its management information system and information developed through on-site quality assurance reviews in its monitoring activities. The Louisiana KIDMED Regional Nurses carry out monitoring functions on KIDMED screening providers. Medicaid staff may also periodically monitor other aspects of the Medicaid program.

As described in Section III, monitoring of medical screening providers begins at the initial site visit resulting in a recommendation to Louisiana Medicaid regarding conditional enrollment. The six-month follow-up review for full enrollment is also part of the monitoring process. Unscheduled monitoring visits may take place if special problems arise as demonstrated by program data or by complaints from beneficiaries, other providers, local Medicaid eligibility staff, or other sources.

In carrying out its monitoring activities, KIDMED recognizes the need to conduct compliance reviews to ensure that quality of service and administrative standards are met. At the same time,

KIDMED recognizes a parallel need to work in collaboration with you and help you meet these standards if you are experiencing difficulty. KIDMED understands that a positive, supportive approach rather than a punitive approach toward providers is more likely to stimulate your participation in Louisiana KIDMED screening. Therefore, the KIDMED staff also plays a facilitative role and provides you with technical assistance when appropriate.

Annual provider monitoring

As a Louisiana-KIDMED medical, vision, and/or hearing screening provider, you are monitored at least annually by a KIDMED Regional Nurse. Annual monitoring consists of the following activities:

- Review of claim histories on beneficiaries screened by you
- Annual site review
- Beneficiary satisfaction survey
- Monitoring report and corrective action, if appropriate

- The Medicaid and Louisiana KIDMED supplemental provider agreements require every provider to make available upon request the medical and billing/payment records of all Medicaid-eligible children receiving screening services to the Louisiana KIDMED staff, Medicaid staff, and other appropriate State and Federal agencies.

Annual site review

Louisiana KIDMED will give you reasonable advance notice of the annual site review. You can anticipate that the first annual visit will be scheduled approximately 12 months after the six-month full enrollment review. KIDMED will plan each annual visit with you to minimize disruption to your normal operations. The review will take about six hours. The physician, office manager, and other clinical staff responsible for any part of the screening process must participate in the review. However, there are many aspects of the review, such as the record review and the appointment and scheduling systems review, that do not require the presence of the physician and clinical staff. The review will be conducted by your KIDMED Regional Nurse. They may be assisted by your KIDMED Provider Relations Coordinator.

The procedures used during the annual review will be generally the same as those used during the six-month full enrollment review described in Section III. The annual review will consist of the following: observing screening service delivery; re-checking the facility, equipment, and supplies; reviewing current professional licenses and evidence of physician direction; and reviewing a statistical sample of medical records on patients screened by you during the past 12 months for completeness and accuracy. The service delivery observation will focus on the following: compliance with all screening requirements and quality of care standards; your health education and anticipatory guidance activities as well as counseling of parents and adolescents, if appropriate, when a referral is indicated; the appropriateness of the referral; and the actual

referral activities. The medical record review will focus on completeness and accuracy, compliance with screening periodicity standards, and documentation of referrals and follow-up.

The annual review will also include a review of administrative procedures and documentation and evaluation of staff changes that may have occurred since the last site visit. In addition, it will include discussions with you and your staff about the nature and quality of screening outreach efforts, recipient preventive health education efforts, beneficiary appointment compliance or "keep rates," referrals and coordination with WIC services and local health units, and coordination with referral physicians and other diagnosis and treatment resources in the community. Finally, KIDMED staff members will confer with your clinical, professional, and clerical staff to identify problems as well as aspects of the program and KIDMED operations that, from your viewpoint, are working smoothly.

The Louisiana KIDMED office staff will discuss the review findings with you at an exit interview following the site visit, normally on the same day. You will have an opportunity to ask questions about any aspect of the review or the program.

Beneficiary satisfaction survey

A beneficiary satisfaction survey will be conducted as an integral part of the annual review to assess the parents' or guardians' satisfaction with your services and solicit their opinions on other aspects of the Louisiana KIDMED program. It involves the same survey instrument used during the six-month full enrollment review. This instrument is shown in Appendix 9.

Monitoring report and corrective action, if appropriate

The Louisiana KIDMED office will send you a written report of annual review findings within 30 days following the site visit. If deficiencies are noted, a corrective action plan must be submitted by the provider to the Louisiana KIDMED office within 10 working days. The corrective action plan must describe the action steps taken to address any deficiencies noted in the monitoring report. Louisiana KIDMED will review the corrective action plan and notify you in writing within seven (7) days if the corrective action plan has been accepted or rejected, or requires modification.

KIDMED will validate implementation of the corrective action plan within 60 to 120 days. Medical records of screenings occurring since the submission of a corrective action plan will be reviewed. A written report of findings will be sent to you within 30 days following the corrective action validation site visit. KIDMED may conduct a follow-up site visit and medical record review if serious problems are found regarding your compliance with program requirements.

A recommendation will be made to Louisiana Medicaid regarding your continued participation as a screening provider. The Louisiana KIDMED office will notify you in writing of Medicaid's decision.

Refer to Appendix 24 for a flowchart outlining the above procedures and timeframes.

Administrative sanctions

Your enrollment as a Louisiana KIDMED medical, vision, and/or hearing screening provider may be suspended or terminated at any time if you fail to comply with Medicaid and Louisiana KIDMED program requirements or if any of the administrative or legal actions listed on page III-12 are taken against you.

When the outcome of a monitoring-site visit identifies serious problems, KIDMED may recommend to Louisiana Medicaid the cessation of claims payments until the deficiencies are corrected and/or immediate referral to the Surveillance Utilization Review System (SURS) unit for investigation and recoupment.

X. KIDMED SCREENING CLAIM SUBMISSION AND PROCESSING

X. KIDMED Screening Claim Submission and Processing

You must bill for KIDMED medical, vision, and hearing screening services on the KIDMED Screening Claim Form (KM-3). This form is contained in Appendix 21. All other EPSDT-related services must be billed on the HCFA 1500 claim form. This section provides detailed instructions for completing the KIDMED Screening Claim Form. It also describes how KIDMED processes your screening claims and where to direct inquiries about your screening claims.

The KM-3 is a multipurpose form designed to:

- Enable you to receive prompt payment for screening services rendered
- Enable you to adjust or void a previously submitted screening claim
- Fulfill Federal reporting requirements on numbers of screenings and referrals for diagnosis and treatment
- Track immunization status on children to ensure that they receive all appropriate childhood immunizations
- Track referrals on conditions found in screenings to ensure that diagnosis and treatment are initiated promptly
- Provide EPSDT program data on the State's Medicaid-eligible children for policy and program development and evaluation

KIDMED providers who agree to accept a Medicaid beneficiary as a patient must bill Medicaid for all Medicaid-covered services rendered to the beneficiary. You are prohibited from requiring any payment from the beneficiary for covered services. This includes charging the beneficiary for medical reports on services rendered or completing WIC referral forms.

How to complete the KIDMED Screening Claim Form

You must complete a separate claim form for each beneficiary who receives KIDMED screening services at your facility. You may submit a paper claim, completing the KIDMED screening claim form by hand, or an electronic media claim (EMC), which is computer-generated. Both paper and computer-generated claims require the same information. If you submit paper claims, you must print all information legibly in ink. EMCs can be submitted via tape, diskette, or modem. Software for generating EMCs is

available at no cost from the Louisiana KIDMED office for most IBM-compatible personal computers. It may also be available from your current software provider. If you use a billing service, that service may already have the capability to submit KIDMED EMCs. If you have questions about the EMC submission process, contact the KIDMED EMC Coordinator toll-free at 1-800-259-8000, extension 111 (or 928-9683 in Baton Rouge).

It is important to complete and submit claims quickly in order to assure rapid payment and assist the Louisiana KIDMED office in tracking screenings. Your claim must be received by the Louisiana KIDMED office within 60 days of the date of service. Late claims may not be paid.

You must complete all items on the KIDMED Screening claim form, except for those that are optional as indicated in the instructions below. In some instances, you can skip an item, depending on your entry in a preceding item. For example, if no suspected conditions are found, you do not describe any conditions nor do you complete referral information. If you are not submitting a claim for a medical screening, you do not complete the items related to immunizations.

You must use the correct format for entering dates and times. Items requesting information about dates have six spaces, and you must fill all six using the MMDDYY format. For example, June 1, 1992 should be entered as "060192." When you are asked to enter times, you will see four spaces on the form. Enter times using the 24-hour or military clock. For example, 8:30 AM should be entered as "0830." Noon should be entered as "1200," and 4:15 PM should be entered as "1615."

The KIDMED Screening claim form requires you to enter seven general types of information:

Claim type	Items 1 through 3
Provider	Items 4 through 9
Beneficiary	Items 10 through 24
Screening	Items 25 through 28
Immunization status	Items 29 through 30
Screening findings	Items 31 through 32
Referrals for diagnosis and treatment	Items 33 through 35
Certification and signature	Items 36 through 37

The instructions for completing each item of the KM-3 screening claim form follow:

Claim type (items 1 through 3)

1. Type of claim—There are three choices in this box. You may choose only one, entering a checkmark as appropriate. Check "original" if this is the original screening claim for this beneficiary for the service date indicated later in item 25. If you check "original," skip directly to item 4.

Check "adjustment" if this claim adjusts a previously submitted claim for this beneficiary for the service date indicated later in item 25. Check "void" if you are voiding a claim already submitted for this beneficiary for the service date indicated later in item 25.

2. Reason--If you checked "adjustment" or "void" in item 1, you must complete item 2 by entering the applicable two-digit code:

	Code	Explanation
Adjustments	02	Adjustment due to provider error
	03	Adjustment not due to provider error
Voids	10	Void due to claim paid for wrong beneficiary
	11	Void due to claim paid to the wrong provider

3. Adjustment ICN--Complete this item only if you completed item 2. Enter the 13-digit Individual Claim Number as listed on the Remittance Advice for the original claim being adjusted or voided.

Provider (items 2 through 9)

4. Billing Provider No.--Enter your valid seven-digit Medicaid Provider I.D. Number. If you are a Local Education Agency (LEA) or school board, this provider number is different from your EPSDT Health Services Provider I.D. Number. Federally Qualified Health Centers and rural health clinics also have a separate Medicaid Provider I.D. Number for KIDMED screening services.
5. Billing Provider Name--Enter up to 17 letters of the billing provider's name, starting with the last name first and leaving a space between the last and first names. For example, William Sutherland, M.D., would be entered as "Sutherland (space)Willia." If the billing provider is a facility or agency (such as a school board, health unit, or clinic) rather than an individual, enter the name of the facility or agency.
6. Site Number--This item applies only to providers who have more than one screening site. If you have only one site, skip to item 7. If you have more than one screening site, enter the valid three-digit site code at which the screening was conducted. If the site code has less than three digits, fill the empty spaces to the left with zeros. For example, if the site code is 1, enter "001."
7. Attend Provider No.--Complete this item only when the screening is provided by someone other than the billing provider. Enter the seven-digit Medicaid Provider I.D. Number of the provider who conducted the screening.
8. Attend Provider Name--Complete this item only if you completed item 7, entering up to 17 letters of the attending provider's name, starting with the last name first and using the same format that you used in item 5 above.

9. Refer Provider No.--Complete this item only if the beneficiary is a lock-in or CommunityCARE beneficiary as noted on his or her Medicaid eligibility card. You must obtain a referral from the lock-in or CommunityCARE physician before you can provide screening services. Enter in item 9 the valid seven-digit Medicaid Provider I.D. Number of the referring provider.

Beneficiary (items 10 through 24)

10. Medicaid No.--Enter the beneficiary's 13-digit Medicaid number exactly as it appears on the beneficiary's current Medicaid eligibility card. If the beneficiary does not have a card or verification letter (newborns only), you may verify eligibility by contacting the Louisiana KIDMED office or the Medicaid Fiscal Intermediary. Newborns are continuously eligible until their first birthday if born to a Medicaid-eligible mother. A Medicaid card may not be issued on newborns until the second month of life.
11. Patient Last Name--Enter the first 17 letters of the beneficiary's last name, starting at the left of the block, exactly as it appears on the beneficiary's current Medicaid eligibility card. If the name has less than 17 letters, leave the remaining spaces blank.
12. Patient First Name--Enter up to 12 letters of the beneficiary's first name, starting at the left of the block, exactly as it appears on the beneficiary's current Medicaid eligibility card. If the name has less than 12 letters, leave the remaining spaces blank.
13. Date of Birth--Enter the six-digit date of birth for the beneficiary, using the MMDDYY format so that you fill up all the spaces. The beneficiary must be under age 21 on the date of the screening. Do not leave any of the spaces blank.
14. Sex--This item is optional. Enter "M" for male or "F" for female.
15. Race--This item is optional. Enter one of the following codes:
- | | |
|---------|---|
| White | 1 |
| Black | 2 |
| Other | 6 |
| Unknown | 9 |
16. Medical Record No.--This item is optional. It may be used to cross-reference your patient's medical record number. Enter up to 18 alphabetical and/or numerical characters of the Medical Record Number contained on the Remittance Advice.
17. Patient Address--This item is optional. Enter the beneficiary's street address or P.O. Box Number, starting at the left of the block. Leave any unused spaces blank.
18. City--This item is optional. Enter up to nine letters of the city in which the beneficiary lives, starting at the left of the block. Leave any unused spaces blank.

19. State--This item is optional. Enter the commonly accepted postal abbreviation for the state ("LA" for Louisiana).
20. Zip Code--This item is optional. Enter the zip code for the beneficiary's address. If you do not know the full nine-digit zip code, enter the first five digits, and leave the remaining four spaces blank.
21. Patient Home Phone--If the beneficiary has a home phone number or a contact phone number, you must complete this item, including the area code. Enter the three-digit area code and seven-digit home or contact phone number.
22. Patient Work Phone--If the beneficiary has a work phone number, you must complete this item, including the area code. Enter the three-digit area code and seven-digit work phone number.
23. Parent/Guardian Last Name--This item must be completed for all beneficiaries living with a parent or guardian. A foster parent or adoptive parent is considered a guardian. Enter up to 17 letters of the parent or guardian's last name, starting at the left of the block. Leave any unused spaces blank. If the beneficiary is not living with a parent or guardian, leave this item blank and skip to item 25.
24. Parent/Guardian First Name--If you complete item 23, you must complete item 24 also, entering up to 12 letters of the parent or guardian's first name, starting at the left of the block. Leave any unused spaces blank.

Screening (items 25 through 28)

This part of the claim form documents who performed the screening for which you are submitting the claim. It also documents the screening fee. In addition, it records information about future screenings scheduled.

You may bill for four types of screenings:

- Medical Screening Nurse--This is a medical screening where a registered nurse or certified physician assistant conducted the complete unclothed physical assessment and other required age-appropriate medical screening components, including age-appropriate immunizations.
- Medical Screening Physician--This is a medical screening where a licensed physician conducted the complete unclothed physical exam and other required age appropriate medical screening components, including age appropriate immunizations.

or You must check one or the other for a single medical screening, but not both. If both a physician and a registered nurse conducted the screening, the individual performing the physical exam or assessment should be checked.

- **Vision**--This is an objective vision screening conducted by a licensed physician, certified physician assistant, registered nurse, or licensed optometrist. No claim will be paid on a child under age four.
- **Hearing**--This is an objective hearing screening conducted by a licensed physician, certified physician assistant, registered nurse, licensed and ASHA-certified audiologist, or licensed and ASHA-certified speech pathologist. No claim will be paid on a child under age four.

You may bill for a medical, objective vision, and/or objective hearing screening on the same screening claim form in any combination.

25. **Date of Screening**--For each applicable line, enter the date of the screening. For proper reimbursement, you must date each screening type for which you are billing.
26. **Billed Charge**--For each line you completed in item 25, enter the appropriate charge for services rendered, using four digits for dollars and cents. For example, \$60.00 would be entered as "6000."
27. **Next Screening Appointment Date**--If a future screening appointment has been scheduled, enter the six-digit appointment date for each applicable line. If no future appointments have been made at the time you submit the claim, leave this item blank and skip to item 29.
28. **Time**--If a future screening appointment has been scheduled, enter the appointment time.

Immunization status (items 29 through 30)

29. **Immunization Status**--This item is required for medical screenings only. You must certify with each claim whether or not the beneficiary's immunizations are complete and current for his or her age. Check "Yes" if immunizations are complete and current for this age beneficiary. Check "No" if they are not. If you check "Yes," skip to item 31.
30. **Reason**--If you indicate in item 29 that immunizations are not current and complete, you must check the appropriate box explaining why. Check "A" in the case of medical contraindication. Check "B" if the parents or guardians refuse to permit the immunization. Check "C" if immunizations are off schedule. For example, check "C" if the beneficiary received an immunization at this visit but is still due one for his or her age. Do not check "C" if immunizations are off schedule and you did not immunize.

Screening findings (items 31 through 32)

31. Presence or absence of suspected conditions--This item relates to screening findings. If you find no suspected conditions, check "no" and skip to item 36. If you do find one or more suspected conditions, check "yes" and proceed to item 32.
32. Nature of suspected conditions and referral strategy--This item documents the general types of suspected conditions identified during the screening and whether or not a referral was made in-house (includes self-referrals) or offsite. Complete it by checking the appropriate boxes. For example, if you found a suspected medical condition for which the beneficiary is already under care by you or any other provider, check the far left box on the first line. If you found a suspected nutritional condition and you have self-referred, check the far right column on the fifth line (E). If you found a suspected psychological/social condition and have made a referral outside your practice, check the middle column on the eighth line (H). Be sure to enter information about all suspected conditions found. Do not make any entries on lines J through L. These lines are reserved for future use by KIDMED.

Referrals for diagnosis and treatment (items 33 through 35)

The Louisiana KIDMED office uses the information you provide in these items to assist you with referrals and to track referrals made to ensure that medically necessary diagnosis, initial treatment, and other health services are initiated promptly for conditions found in screening.

- Note that each of these items may require you to enter up to eight different kinds of information in the spaces marked A, B, C, D, E, F, H, and I. The amount of information you enter depends on whether or not you make the referral yourself.

- 33-35. Referrals for Suspected Conditions--You must complete at least one of these items if any suspected conditions are listed in item 32 as being referred in-house or offsite. The number of items you complete will depend on how many conditions you found in the screening and on the referrals made. As you will see below, each item may cover up to four conditions, but only one referral provider. If more than four suspected conditions are found, you must fill out at least items 33 and 34. If more than eight suspected conditions are found, you must fill out items 33 through 35. Also, you must complete one item for each referral made.
- 33A. Suspected Condition--Referring back to item 32, enter in item 33A up to four letters (A through I), identifying the type of condition(s). Start at the left of the block, and leave any unused spaces blank.

- 33B. Referral Assist Needed--Indicate whether or not you need assistance from the Louisiana KIDMED office on finding a referral resource or scheduling an appointment with the referred-to provider. In some instances, the referred-to provider will not allow you to schedule an appointment. For example, State Medical Centers require the eligible beneficiary to contact them directly for an appointment. If you check "yes," skip to item 33E.
- 33C. Appointment Date--If you referred the beneficiary either in-house or offsite, enter the date of the appointment.
- 33D. Appointment Time--If you referred the beneficiary either in-house or offsite, enter the time of the appointment.
- 33E. Reason for Referral--Enter the reason for the referral, using up to 40 letters and/or the ICDM-9 diagnostic codes. In addition, if referral assistance is needed because the referred-to provider requires direct contact with the beneficiary, indicate so here.
- 33F. Referred To--If you made your own in-house or offsite referral, enter up to 20 letters of the name of the specific provider to whom the beneficiary was referred, starting with the last name first. Be as specific as possible. For example, if the beneficiary was referred to a large facility, give the name and department onsite. If you self-referred, enter "self" for this item. If you are asking the Louisiana KIDMED office to make the referral, leave this item blank and skip to item 34 if you are reporting on other referrals. Skip to item 36 if you have no other referral information to report.
- 33G. (Blank)--Do not enter any data here. This item is reserved for future use by KIDMED.
- 33H. Phone No.--If you made your own in-house or offsite referral, enter the area code and six-digit phone number of the referred-to provider. If you self-referred, leave this item blank.
- 33I. Transportation Assistance Needed--Check "yes" or "no" indicating whether or not the beneficiary needs transportation to the referral appointment.
34. Follow the instructions above for item 33.
35. Follow the instructions above for item 33.

Certification and signature (items 36 through 37)

36. You must read and sign the certification statement at the bottom of the screening claim form in order to be paid. You may use a signature stamp if it is initialed by the individual completing the form. Your signature certifies that you have provided all components of the screening, including appropriate immunizations when the medical screening is billed.
37. Enter the six-digit date on which you sign or initial the claim form.

How KIDMED processes your screening claims

The Louisiana KIDMED office normally processes your screening claims on the same day it receives them. Paper claims are visually reviewed to ensure that the following information has been included: billing provider number (item 4), beneficiary's Medicaid number (item 10), and signature or initials if you use a signature stamp (item 36). If any of this information is missing or unintelligible, the Louisiana KIDMED office returns the claim to you with a memo explaining why it is being returned. If all of this information is complete, the claim is assigned a Claim Control Number and microfilmed. Following microfilming, the claim is keypunched by a KIDMED Data Entry Operator.

Electronic media claims submitted via tape or diskette are received by the KIDMED EMC Coordinator. The Louisiana KIDMED office checks these claims to determine that the number of claims and the dollar value of those claims agree with the label and the certification form. KIDMED staff also make a visual check to ensure that the information submitted on the label agrees with the information submitted on the certification form. When the label and the certification form disagree, KIDMED runs the tape or diskette and compares it to the information on the certification form. If the disagreement persists, KIDMED returns the tape or diskette and the certification form to you with a memo explaining why they are being returned. If your submission passes this test, the claims are accepted for further processing.

Electronic media claims submitted via modem are accepted directly for further processing.

Once claims are accepted by the Louisiana KIDMED office, they enter the KIDMED Claims Processing Subsystem. KIDMED runs an approval cycle each night, Monday through Friday. Claims that pass all edits in this cycle are approved. They are written to a tape at KIDMED the next day and delivered by hand to the Medicaid Fiscal Intermediary by noon on that day. For example, if KIDMED receives and accepts your claim on Tuesday, it is processed through the approval cycle Tuesday night. If it is approved, it is sent to the Fiscal Intermediary on tape by noon Wednesday.

Claims edits

Each KIDMED screening claim is subjected to a series of edits to ensure that the claim is valid, containing all required information, before it is approved and sent to the Medicaid Fiscal Intermediary. Claims that fail one or more edits are pended, rejected, or denied. Most paper claims that fail edits are pended. They are then reviewed by the KIDMED Claims Resolution Department. Since paper claims are keyed by KIDMED's Data Entry Department, an error may occur during the data entry process. A KIDMED Claims Resolution Clerk compares the claim data in the KIDMED computer with the original paper claim you submitted to determine whether or not a data entry error was made. If any such error occurred, the Louisiana KIDMED office corrects the entry, and your claim proceeds to the next approval cycle.

If there was no data entry error by KIDMED and your paper claim failed the edit, your claim is either denied or rejected. KIDMED mails you a denial listing identifying each claim denied and stating the reason for each denial. You must refile each denied claim as an original claim. When your paper claim is rejected, KIDMED sends you a Resubmittal Turnaround Document (RTD). A sample RTD is

shown in Appendix 22. The RTD shows the information as originally submitted and designates space to correct the data. After you enter corrected data, you must sign the RTD and return both pages to KIDMED. Upon receipt of your completed RTD, KIDMED's Claims Resolution Department corrects the data and resubmits the claim to the next approval cycle.

- If you do not return the RTD within 60 days of the date it was generated, your claim will be denied.

KIDMED sends you a memo with each RTD and denial listing informing you whom to call if you have a question.

Electronic media claim submissions usually contain multiple claims on the tape, diskette, or modem transmission. Each claim in the submission is reviewed separately. If any claim fails an edit, that claim is denied. Errorless claims on the same submission pass through the approval cycle. The Louisiana KIDMED office sends you a denial listing of each claim that fails. You must refile each denied claim as an original claim. KIDMED does not send an RTD for electronic media claims.

Eligibility problems

When any claim pends because of questions about the beneficiary's eligibility, the Louisiana KIDMED office researches the claim to identify the problem and resolve it as rapidly as possible. If the problem is the result of a KIDMED error, KIDMED corrects the error. If you made the error, KIDMED generates and sends to you an RTD or denial listing. KIDMED may also call you to discuss the problem. If the problem is the result of an error by the Office of Family Support (OFS) or the Medicaid Eligibility office, KIDMED calls OFS, and OFS takes corrective action.

The Louisiana KIDMED office makes every effort to resolve eligibility problems quickly and efficiently. This may involve telephone conversations with you and other agencies involved. To minimize these problems, you should always review the beneficiary's current Medicaid eligibility card. You should also make a copy of the card for your records. This will help the Louisiana KIDMED office and the Fiscal Intermediary in resolving eligibility problems.

Payment of claims

The Medicaid Fiscal Intermediary is responsible for paying all claims for Medicaid services. As described above, the Louisiana KIDMED office generates a daily tape of approved KIDMED claims every weekday and delivers it by hand to the Fiscal Intermediary by noon. Normally, claims that reach the Fiscal Intermediary by Wednesday are processed on Wednesday night. The Fiscal Intermediary produces checks over the weekend and mails them on Monday. Thus, if the Louisiana KIDMED office receives your claim on Tuesday and your claim passes all the KIDMED edits, you will normally be paid by the Fiscal Intermediary the following week.

Claims inquiries

If you have questions about KIDMED screening claims, call the KIDMED Claims Resolutions Department at 1-800-259-8000, extension 151 (or 928-9683 in Baton Rouge). If you have specific questions about electronic media claim submission, call the KIDMED EMC Coordinator at 1-800-259-8000, extension 111 (or 926-9683 in Baton Rouge). If you need additional assistance, you may call or request to be transferred to the KIDMED Computer Systems Manager at 1-800-259-8000, extension 107 (or 928-9683 in Baton Rouge). If you experience ongoing claims problems, contact your Regional Provider Coordinator who will provide training and assistance to resolve the problems.

XI. TRANSPORTATION

XI. Transportation

Nonemergency medical transportation is provided at no cost to the beneficiary when all other reasonable means of transportation have been explored and found to be unavailable. The Louisiana Medicaid Program provides emergency and nonemergency transportation services to eligible beneficiaries for medical and health-related Medicaid services. These services include KIDMED screenings as well as medically necessary diagnosis, treatment, and other health services. Trips to the local health unit for WIC certifications are covered. However, trips to pick up WIC coupons are not covered. Trips to the drugstore are also not covered.

Transportation is provided only in the beneficiary's usual "medical trade area" unless there is a medical necessity to obtain medical services outside this area. The usual medical trade area is defined as the beneficiary's parish of residence or a contiguous parish. You must contact the transportation scheduling service to request approval for transportation outside the beneficiary's usual medical trade area.

KIDMED transportation assistance

The Louisiana KIDMED office currently arranges transportation for beneficiaries to appointments for screening and for diagnosis and initial treatment throughout the State.

Requests for transportation must be received from the beneficiary by the Louisiana KIDMED office no later than 48 hours prior to the appointment. KIDMED needs the following information to arrange transportation:

- Beneficiary name
- Beneficiary ID number
- Pick-up point
- Destination
- Date and time of appointment
- Name of preferred provider

Upon receiving a request, the Louisiana KIDMED office checks the beneficiary's eligibility for Medicaid through the KIDMED computerized information system. After determining that the beneficiary is eligible, KIDMED contacts the appropriate Regional Transportation Scheduling Office by telephone or fax. That office then contacts the transportation provider to make the arrangements and authorizes the provider to be paid for the transportation services.

Beneficiaries may contact the Regional Transportation Scheduling Offices directly to request transportation services. Providers should not call the Transportation Scheduling Offices to make arrangements for their patients. The procedures for beneficiaries are described below:

REGIONAL TRANSPORTATION SCHEDULING SERVICES			
Toll Free Numbers			
Region	Parishes		Phone
1-New Orleans	Orleans W. Jefferson Plaquemines	E. Jefferson St. Bernard	1-800-259-8119
2-Baton Rouge	Ascension E. Feliciana Livingston St. Helena Tangipahoa Washington	E. Baton Rouge Iberville Pointe Coupee St. Tammany W. Baton Rouge W. Feliciana	1-800-259-1944
3-Thibodaux	Assumption Lafourche St. Charles	Terrebonne St. John St. James	1-800-864-6034
4-Lafayette	Acadia Evangeline Iberia Lafayette	St. Martin St. Mary Vermillion St. Landry	1-800-864-6034
5-Lake Charles	Allen Beauregard Calcasieu	Cameron Jeff. Davis	1-800-864-6034
6-Alexandria	Avoyelles Catahoula Concordia Grant	LaSalle Rapides Vernon Winn	1-800-446-3490
7-Shreveport	Bienville Bossier Caddo Claiborne DeSoto	Natchitoches Red River Sabine Webster	1-800-259-7235
8-Monroe	Caldwell E. Carroll Franklin Jackson Lincoln Madison	Ouachita Richland Tensas Union W. Carroll Morehouse	1-800-259-1835

Questions or complaints about transportation assistance

Questions or complaints about transportation scheduling services for KIDMED screening, diagnosis, and initial treatment appointments should be referred to the Transportation Program Manager at Louisiana Medicaid. Complaints regarding specific transportation providers should be referred to the Medicaid Program Integrity Section. Provider complaints will be investigated and appropriate administrative action will be taken on complaints found to be valid.